


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

0051804

05-03-1999 90125 049 \*\*\*\*61.25  
 05-03-1999 90125 050 \*\*\*\*\*8.75

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N93000002805</b>		
1. Corporation Name <b>CHILDREN'S ATHLETIC NETWORK AND DANCE OPPORTUNITIES, INC.</b>		
Principal Place of Business 16213 SEPTEMBER DR. LUTZ FL 33549	Mailing Address P.O. BOX 9781 TAMPA FL 33674 US	



2. Principal Place of Business 21 <b>16222 N. Florida Ave.</b>	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>06/16/1993</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-3193026</b>
22	27	Applied For Not Applicable
23 City & State <b>Tampa FL</b>	28 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24 Zip <b>33549</b>	25 Country <b>U.S.A.</b>	29 Zip
		30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STAFFORD, S L 14812 N. FLORIDA AVE. TAMPA FL 33613				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JESSICA	1.2 NAME	
STREET ADDRESS	8408 FLAGSTONE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, JESSICA	2.2 NAME	<b>S/P Mills, Linda</b>
STREET ADDRESS	8404 FLAGSTONE DR.	2.3 STREET ADDRESS	<b>3955 Versailles Drive</b>
CITY-ST-ZIP	TAMPA FL 33615	2.4 CITY-ST-ZIP	<b>Tampa FL 33604</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKSA, MARK	3.2 NAME	
STREET ADDRESS	14501 NETLE CREEK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIS, DAVE	4.2 NAME	<b>V/T/D Farris, Dave</b>
STREET ADDRESS	3345 FOX RIDGE CIR	4.3 STREET ADDRESS	<b>3345 Fox Ridge Circle</b>
CITY-ST-ZIP	TAMPA FL 33618	4.4 CITY-ST-ZIP	<b>Tampa, FL 33618</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jessica Perez **SIGNATURE REQUIRED** Perez **4/27/99** **908-7906**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)