

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90010 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000063015

1. Corporation Name
DANCE GEAR, INC.



Principal Place of Business: 6345 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34652
 Mailing Address: 6345 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6822 RIDGE ROAD		26 6822 RIDGE ROAD		07/15/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3520855	
City & State		City & State		Applied For	
23 PORT RICHEY, FL		28 PORT RICHEY, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34668		29 34668		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25 U.S.A.		30 U.S.A.		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WORKER, LYNNE A 6345 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34652				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				6822 RIDGE ROAD			
				84 City			
PORT RICHEY				FL		34668	

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D TYNDALL, GLORIA	1.2 NAME	PRESIDENT
STREET ADDRESS	177 DAN RIVER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D WORKER, LYNNE A	2.2 NAME	SECRETARY-TREASURER
STREET ADDRESS	3130 LAIRD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynne A Worker 7/13/99 727-845-3626
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

593671-90010-27
P98000063015

July 14, 1999

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Recipient Reviewer:

The taxpayer (Dance Gear, Inc., FEIN-59-3520855) respectfully requests that you accept the enclosed \$150.00 check in full payment of the 1999 annual report fee even though the May 1, 1999 due date has passed. This request is made because:

1. The corporation was established on 7/15/98, has not previously received an annual report form, and was not aware of the reporting requirement; and
2. The corporation was moved on December 31, 1998 and has not received your first notice (see attachments) to date.

We apologize for our shortcoming, and we assure you that late filing will not recur.

If you have additional questions, contact our accountant (APT Services, Inc.) at 727-847-6324.

Respectfully,



Lynne A. Worker
Secretary/Treasurer

Attachments (2)