


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90069 009 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 770350</b>					
1. Corporation Name <b>THE RIDGE ROLLAWAYS SQUARE AND ROUND DANCE CLUB, INC.</b>					
Principal Place of Business <b>% JAMES H. MESSER</b> <b>4344 DUFFER LOOP</b> <b>SEBRING FL 33872</b> <b>US</b>			Mailing Address <b>% JAMES H. MESSER</b> <b>4344 DUFFER LOOP</b> <b>SEBRING FL 33872</b> <b>US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/22/1983</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-6593044</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BAGETIS, JAMES</b> <b>4343 SCHUMACHER RD</b> <b>198W</b> <b>SEBRING FL 33872</b>				81 Name <b>ROBERT ROBERTSON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3414 GULF HAVEN TERRACE</b> 83 84 City <b>SEBRING</b> FL 85 Zip Code <b>33872</b>			

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 *Robert Robertson* DATE **2-24-99**

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 checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAGETIS, JAMES			1.2 NAME	ROBERTSON, ROBERT		
STREET ADDRESS	4343 SCHUMACHER RD, 198W			1.3 STREET ADDRESS	3414 GULF HAVEN TERRACE		
CITY-ST-ZIP	SEBRING FL 33872			1.4 CITY-ST-ZIP	SEBRING, FL. 33872		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAULE, ROBERT C			2.2 NAME	← O.K.		
STREET ADDRESS	4802 LAKE HAVEN BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL 33872			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES H. MESSER			3.2 NAME	← O.K.		
STREET ADDRESS	4344 DUFFER LOOP			3.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAULE, JOAN			4.2 NAME	← O.K.		
STREET ADDRESS	4802 LAKE HAVEN BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTSON, ROBERT			5.2 NAME	BAGETIS, JAMES		
STREET ADDRESS	3414 GULF HAVEN TERRACE			5.3 STREET ADDRESS	4343 SCHUMACHER RD, 198W,		
CITY-ST-ZIP	SEBRING FL 33872			5.4 CITY-ST-ZIP	SEBRING, FL. 33872		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEFF BENNET			6.2 NAME	← O.K.		
STREET ADDRESS	2700 DUFFER RD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			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: *Signature of Robert Robertson* DATE: **2-22-99** DAYTIME PHONE #: **941-385-1001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)