


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90118 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F51826**

1. Corporation Name  
**ELIZABETH PARSONS SCHOOL OF DANCE, INC.**



Principal Place of Business 116 W 6TH AV PO BOX 1587 WINDERMERE FL 34786 US	Mailing Address % F.D. PARSONS 26512 SAVAGE CIRCLE HOWEY-IN-THE-HILLS FL 34737 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 10/29/1981	4. FEI Number 59-2138159	Applied For Not Applicable
9. Name and Address of Current Registered Agent PARSONS, F.D. 26512 SAVAGE CIRCLE HOWEY-IN-THE-HILLS FL 34737		10. Name and Address of New Registered Agent 81 Name PARSONS, F.D. 82 Street Address (P.O. Box Number is Not Acceptable) 10 MIDDOR GREEN CT 83 84 City OCDEE FL 85 Zip Code 34761		

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: *J. M. Parsons* DATE: 1-9-99  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, F D	1.2 NAME	PARSONS, FD
STREET ADDRESS	26512 SAVAGE CIRCLE	1.3 STREET ADDRESS	10 MIDDOR GREEN CT
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL	1.4 CITY-ST-ZIP	OCDEE, FL 34761
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, ELIZABETH V	2.2 NAME	PARSONS, Elizabeth V
STREET ADDRESS	26512 SAVAGE CIRCLE	2.3 STREET ADDRESS	10 MIDDOR GREEN CT
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL	2.4 CITY-ST-ZIP	OCDEE, FL 34761
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, with all other like empowered.

SIGNATURE: *Elizabeth V. Parsons* DATE: 1/9/99 (407) 876-4604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #