PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 APR -6 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001511

1. Corporation Name
FRED ASTAIRE DANCE OF NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
500 W. CYPRESS CREEK RD., #410 FT LAUDERDALE FL 33309	500 W. CYPRESS CREEK RD., #410 FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1994

2. Principal Place of Business	2a. Mailing Address
21 7900 GLADES ROAD	26 7900 GLADES ROAD
Suite, Apt. #, etc. 22 SUITE 630	Suite, Apt. #, etc. 27 SUITE 630
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip / Country 24 33434 25 USA	Zip / Country 29 33434 30 USA

4. FEI Number: 22-3215066 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHULTZ, MICHAEL 500 W CYPRESS CRREK RD SUITE 410 FT LAUDERDALE FL 33309	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 7900 GLADES ROAD 83 SUITE 630 84 City: BOCA RATON FL 85 Zip Code: 33434

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 _____ 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	PVCD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SCHULTZ, MICHAEL E		1.2 NAME		
STREET ADDRESS	500 W. CYPRESS CREEK RD., #410		1.3 STREET ADDRESS	7900 GLADES ROAD, SUITE 630	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ROTHWEILER, JACK		2.2 NAME		
STREET ADDRESS	500 W CYPRESS CREEK RD #410		2.3 STREET ADDRESS	7900 GLADES ROAD, SUITE 630	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SCHIAVONE, GUY		3.2 NAME		
STREET ADDRESS	500 W. CYPRESS CREEK RD., #410		3.3 STREET ADDRESS	7900 GLADES ROAD, SUITE 630	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		3.4 CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	03-02-99 90162 039 511.25	

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: [signature] 1/12/99. (561) 218-3237
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

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