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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90032 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F97000006674(2)
 1. Corporation Name
MEGADANCE USA CORP.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1997

4. FEI Number
65-0553315

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

2. Principal Place of Business 2a. Mailing Address

21. **7900 GLADES ROAD** 26. **7900 GLADES ROAD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22. **630** 27. **630**
 City & State City & State
 23. **BOCA RATON FL** 28. **BOCA RATON FL**
 Zip Country Zip Country
 24. **33434** 25. **USA** 29. **33434** 30. **USA**

9. Name and Address of Current Registered Agent
KEITH KANOUSE, P.A.
PENINSULAR EXECUTIVE CENTER
2385 EXECUTIVE CENTER DRIVE
SUITE 270
BOCA RATON FLORIDA 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PSD SCHULTZ, MICHAEL E	1.2 NAME	
STREET ADDRESS	500 W CYPRESS CREEK RD, SUITE 410	1.3 STREET ADDRESS	7900 GLADES ROAD, SUITE 630
CITY-ST-ZIP	FL LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V KRIEG, ANDREW	2.2 NAME	
STREET ADDRESS	500 W CYPRESS CREEK RD, SUITE 410	2.3 STREET ADDRESS	7900 GLADES ROAD, SUITE 630
CITY-ST-ZIP	FT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIAVONE, GUY	3.2 NAME	
STREET ADDRESS	500 W CYPRESS CREEK RD, SUITE 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	<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:  **MICHAEL E. SCHULTZ** 3/9/99 (561) 218-3237
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)