

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 29, 1999 8:00 am -**  
**Secretary of State**

03-29-1999 90032 043 \*\*\*150.00

DOCUMENT # F97000006674(2)

1. Corporation Name

MEGADANCE USA CORP.

Principal Place of Business

Mailing Address

500 W. CYPRESS CREEK RD.

500 W. CYPRESS CREEK RD.

SUITE 410

SUITE 410

FT LAUDERDALE FL 33309

FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1997

4. FEI Number

65-0553315

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

KEITH KANOUSE, P.A.  
PENINSULAR EXECUTIVE CENTER  
2385 EXECUTIVE CENTER DRIVE  
SUITE 270  
BOCA RATON FLORIDA 33431

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

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 ☐ DELETE  
NAME PSD  
STREET ADDRESS SCHULTZ, MICHAEL E  
CITY-ST-ZIP 500 W CYPRESS CREEK RD, SUITE 410  
FL LAUDERDALE FL 33309

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 7900 GLADES ROAD, SUITE 630  
1.4 CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS KRIEG, ANDREW  
CITY-ST-ZIP 500 W CYPRESS CREEK RD, SUITE 410  
PT LAUDERDALE FL 33309

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 7900 GLADES ROAD, SUITE 630  
2.4 CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ DELETE  
NAME SCHIAVONE, GUY  
STREET ADDRESS 500 W CYPRESS CREEK RD, SUITE 410  
CITY-ST-ZIP FT LAUDERDALE FL 33309

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 7900 GLADES ROAD, SUITE 630  
3.4 CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E. SCHULTZ

Date

3/9/99 (561) 218-3237

Daytime Phone #

CR2E034 (11/98)