

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
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90073 024 ***150.00

DOCUMENT # H26930

1. Corporation Name

CORAL SPRINGS ACADEMY OF DANCE, INC.

Principal Place of Business

**CORAL AIR SQUARE
11490 WEST SAMPLE RD.
CORAL SPRINGS FL 33065
US**

Mailing Address

**C/O KATHY SCHEICH
9726 NW 19 PLACE
SUNRISE F 33322
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1984

4. FEI Number

59-2469157

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **10230 NW 48 CT.**

Suite, Apt. #, etc.

27 City & State

28 **CORAL SPRINGS**

29 Zip

Country

30 **BROWARD**

9. Name and Address of Current Registered Agent

**SCHEICH, KATHY
9726 NW 19 PLACE
SUNRISE FL 33322**

10. Name and Address of New Registered Agent

81 Name

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

10230 NW 48 CT.

83

84 City **CORAL SPRINGS**

FL

85 Zip Code **33076**

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

Kathy Scheich

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-99

12. OFFICERS AND DIRECTORS

DP ☐ DELETE
SCHEICH, KATHY
9726 NW 19 PLACE
SUNRISE FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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SIGNATURE:

Kathy Scheich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99

Date

954-757-3090

Daytime Phone #

CR2E034 (1/98)

0302924