Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90073 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H26930**

Corporation Name

CORAL SPRINGS ACADEMY OF DANCE, INC.										
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					H					
Principal Place		Mailing Address						į.	,	
CORAL AIR SQUARE C/O KATHY SCHEICH 11490 WEST SAMPLE RD. 9726 NW 19 PLACE										
CORAL SPRINGS FL 33065 SUNRISE F 33322						DO NOT W	RITE IN TH	S SPACE		
,		US				3. Date Incorporated or Qualifed				
				1		/1984				
2. Principal Pl	lace of Business	2a. Mailing Address		Î	4. FEI Nu			Α	pplied For	
21		26 10230 Nu	148 cT.		<u>59-24</u>	<u>69157 </u>			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifca	ite of Status Desired			Additional equired	
22		City & State			6 Fl4:	Constitution Financia				
City & State	е	28 CORAL S	א פעותם			n Campaign Financin und Contribution	9 🗆		May Be to Fees	
Zip	Country	Zip	Country		8. This co	rporation owes the c	urrent year I	ntangible	/	
24	25	29 33076	30 BROWA	ad	Person	al Property Tax.		Yes	₩o	
			10. Name	and Address of Nev	v Registere	d Agent				
COLU	CICLL MATLIN		81 Name							
	EICH, KATHY S NW 19 PLACE		82 Street	Addres	s (P.O. Box	Number is Not Acce	ptable)		***	
	RISE FL 33322		83	234	א עק כ	<u>, 48 cr.</u>				
			[03]							
			84 City	A 1	SPA	204	F	L 85 Zip	Code 3 0 7 6	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	es, the above-named	COPPOR	ation submit	s this statement for the	ne ourpose	of changing it	s registered	
office or a	egistered agent or both in the State.	of Florida, Such change was a	iutnorized by the corbi	oration':	s board of d	irectors. I hereby acc	cept the app	ointment as n	egisterea (
l agent Lai	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statutes.			•			i	
J	m familiar with and accept the obliga	tions of, Section 607.0505, Flo	rida Statutes.				а	~2-9	9	
SIGNATURE	m familiar with and accept the obliga	tions of, Section 607.0505, Fix t and title if applicable. (NOTE	: Registered Agent signature r		hen reinstating)		a	-2-9	9	
SIGNATURE	m familiar with and accept the obliga Signature, typed or printed name of registered ager OFFICERS AN	tions of, Section 607.0505, Fix and title if applicable. (NOTE	Registered Agent signature r		hen reinstating)	NS/CHANGES TO C	a	~ 2 ~9	9 ORS IN 12	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-2-99 Date 954-757-3090

CR2E034 (11/9