

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90152 081 *****8.75
 04-14-1999 90152 082 *****61.25



ANNUAL REPORT
1999



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

DOCUMENT # N16398
 Corporation Name
WILLYS GAINES DANCE THEATRE SCHOOL, INC

Principal Place of Business
 14840 MONROE ST
 MIAMI FL 33176
 US

Mailing Address
 14840 MONROE ST
 RICHMOND HEIGHTS FL 33176
 US

2. Principal Place of Business
 21

Suite, Apt. #, etc.
 22

2a. Mailing Address
 26

City & State
 23

Suite, Apt. #, etc.
 27

Zip
 24

Country
 25

City & State
 28

Zip
 29

3. Name and Address of Current Registered Agent
 30

GAINES, WILLYS ANN.
 14840 MONROE ST
 MIAMI FL 33176

1. Date Incorporated or Qualified
 08/18/1986

4. FEI Number
 65-0627226

5. Certificate of Status Desired
 Applied For
 Not Applicable

8.75 Additional
 Fee Required
 \$5.00 May Be
 Added to Fees

6. Election Campaign Financing
 Trust Fund Contribution

7. Name and Address of New Registered Agent
 31

Name
 81

82. Street Address (P.O. Box Number is Not Acceptable)
 83

City
 84

FL #5 Zip Code

Pursuant to the provisions of Sections 817.0502 and 817.1508, Florida Statutes, the above-named corporation certifies 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 817.0503, Florida Statutes.

SIGNATURE *Katherine Harris*
 Secretary of State

OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 MONTHS
 DATE 3/22/99
 Change Addition

POT D
 GAINES, WILLYS A
 14840 MONROE ST.
 MIAMI FL

WB
 GRANBERRY, DORIS J
 16506 SW 103 COURT
 MIAMI FL

D
 GODDEN, JAMES L
 1929 SW 104TH AVENUE
 MIAMI FL

ST
 GRACE, GEORGE
 929 SW 104TH AVENUE
 MIAMI FL

OMAS, TONI J
 1392 S.W. 90th AVE
 MIAMI FL 33176 #00108

ALEXANDER, DARLENE Y
 S.W. 104 AVE
 MIAMI FL 33157

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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

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

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

7.1 TITLE
 7.2 NAME
 7.3 STREET ADDRESS
 7.4 CITY-ST-ZIP

8.1 TITLE
 8.2 NAME
 8.3 STREET ADDRESS
 8.4 CITY-ST-ZIP

9.1 TITLE
 9.2 NAME
 9.3 STREET ADDRESS
 9.4 CITY-ST-ZIP

10.1 TITLE
 10.2 NAME
 10.3 STREET ADDRESS
 10.4 CITY-ST-ZIP

11.1 TITLE
 11.2 NAME
 11.3 STREET ADDRESS
 11.4 CITY-ST-ZIP

12.1 TITLE
 12.2 NAME
 12.3 STREET ADDRESS
 12.4 CITY-ST-ZIP

The information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(L), Florida Statutes. I further certify that the information in 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 817, Florida Statutes; and that my name appears in the report, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED
 Signature of President
 Signature of Secretary

3/22/99 305-238-9662

CR2E037 (1/98)