

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

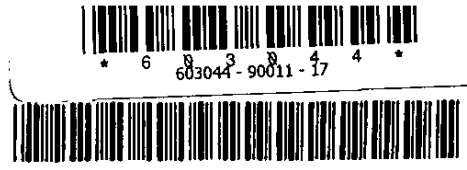
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33627**

1. Corporation Name  
**DANCEARTS FOUNDATION, INC.**

Principal Place of Business 5709 LAGORCE DRIVE MIAMI BEACH FL 33140	Mailing Address 5709 LAGORCE DRIVE MIAMI BEACH FL 33140
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 08/07/1989	4. FEI Number 65-0139010 Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent SEIDEL, ANDREA M DR. 5709 LAGORCE DRIVE MIAMI FL 33140-1817	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	D SEIDEL, ANDREA M 5709 LAGORCE DRIVE MIAMI BEACH FL 33140	1.1 TITLE	Ex-Director
NAME	SEIDEL, ANDREA M	1.2 NAME	SEIDEL, ANDREA
STREET ADDRESS	5709 LAGORCE DRIVE	1.3 STREET ADDRESS	5709 LAGORCE DRIVE
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	PD MASTERSON, NANCY 6425 SW 52 ST. MIAMI FL 33150	2.1 TITLE	
NAME	MASTERSON, NANCY	2.2 NAME	
STREET ADDRESS	6425 SW 52 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	2.4 CITY-ST-ZIP	
TITLE	M MASTERSON, JOHN DR. 6425 SW 52 ST. MIAMI FL	3.1 TITLE	PD DR. TASHA MAUSFIELD, PRESIDENT
NAME	MASTERSON, JOHN DR.	3.2 NAME	DR. TASHA MAUSFIELD
STREET ADDRESS	6425 SW 52 ST.	3.3 STREET ADDRESS	7966 S.W. 86 Terr
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33143
TITLE	T LEWIS, DANIEL DANCE DIV., NWSA 300 NE 2ND AVE MIAMI FL	4.1 TITLE	TREASURER
NAME	LEWIS, DANIEL	4.2 NAME	LEWIS, DANIEL
STREET ADDRESS	DANCE DIV., NWSA 300 NE 2ND AVE	4.3 STREET ADDRESS	DANCE DIV, NWSA 300 NE 2nd Ave
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33132
TITLE		5.1 TITLE	Debra BAXTER, SECRETARY
NAME		5.2 NAME	Debra BAXTER
STREET ADDRESS		5.3 STREET ADDRESS	800 LENOX AVE. Apt. 1
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	MIAMI BEACH, FL
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	33139
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 617, 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: Andrea M Seidel DATE: July 4 1999

CR2E037 (5/99)