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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37411

1. Corporation Name

CENTRAL FLORIDA DANCE THEATRE PERFORMING ARTS GR OUP, INC.

Principal Place of Business 1600 PARK MANOR DR ORLANDO FL 32825

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

954 BARBADOS AVENUE ORLANDO FL 32825

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90246 024 ****61.25

3. Date Incorporated or Qualifed

04/03/1990

59-3009156

4. FEI Number

Zip Country Zip Country Zip Country S. Election Campaign Financing \$5.00 May B Added to Fees S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. N	23		28	•			5. Certificate of Status Desired	ш	Føe Req	juired
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 711 BALLARD STREET #101 ALTAMONTE SPRINGS FL 32701 83 84 City FL 84 City FL 85 Zip Code 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 agent, the am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered agent, the corporation submits this statement for the purpose of changing its registered ag	Zip	. —		· —	~ ·				· -	,
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711 BALLARD STREET #101 ALTAMONTE SPRINGS FL 32701 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 register of 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 registerer agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGN	251112125	TD 011471 FO 4					(DOO)	(abla)		
#101 ALTAMONTE SPRINGS FL 32701 #17. Pursuant to the provisions of Sections £17.0502 and £17.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 with, and accept the obligations of, Section £17.0503, Florida Statutes. ##101		•			82	Street Add	dress (P.O. Box Number is Not Accept	(able)		
ALTAMONTE SPRINGS FL 32701 B4 City FL 85 Zip Code 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 register 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, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE SCOTT, WENDI STREET ADDRESS TITLE D CHANGE 12. TARRET ADDRESS ORLANDO FL 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE 14. TITLE D CHANGE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE 16. TITLE D CHANGE 17. TITLE D CHANGE 18. TITLE CHANGE 18. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. TITLE CHANGE ADDITIONS/CHANGES TO		ARD STREET			83	*				
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I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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 eath; 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 attachyright with an address, with all other like empowered.

SIGNATURE:

GHAPTIRE AND PAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

281-9006 Daytime Phone # CR2E037 (11/98)

Applied For

\$8.75 Additional

Not Applicable