


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 01, 1999 8:00am  
Secretary of State

02-01-1999 90041 018 \*\*\*\*\*61.25

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N44611**

1. Corporation Name  
**CLOUD DANCERS INCORPORATED**

|  |  |
|--|--|
| Principal Place of Business<br>3235-A US HWY 441/27<br>FRUITLAND PARK FL 34731<br>US | Mailing Address<br>P O BOX 699<br>FRUITLAND PARK FL 34731-0699 |
|--|--|



|                                |                        |  |
|--------------------------------|------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br><b>08/07/1991</b>   |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>NOT APPLICABLE</b>   |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |
| 23 Zip Country                 | 28 Zip Country         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| 24                             | 29                     | 30   |

|   |  |   |                          |
|---|--|---|--------------------------|
| 9. Name and Address of Current Registered Agent   |  | 10. Name and Address of New Registered Agent          |                          |
| <b>THOMAS, JOHN C.</b><br><b>3235-A US HWY 441/27</b><br><b>FRUITLAND PARK FL 34731</b> |  | 81 Name   |                          |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                          |
|   |  | 83  |                          |
|   |  | 84 City   | 85 Zip Code<br><b>FL</b> |

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                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>D THOMAS, JOHN C.</b>        | 1.2 NAME  |  |
| STREET ADDRESS             | <b>3235-A US HWY 441/27</b>     | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>FRUITLAND PARK FL 34731</b>  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D WEST, DAVID JR</b>         | 2.2 NAME  |  |
| STREET ADDRESS             | <b>313 3RD STREET</b>           | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>CLERMONT FL 34711</b>        | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>D THOMAS, SUSAN</b>          | 3.2 NAME  |  |
| STREET ADDRESS             | <b>3235-A US HWY 441/27</b>     | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>FRUITLAND PARK FL 34731</b>  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME  |  |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME  |  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME  |  |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |  |
| 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:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
Signature and typed or printed name of signing officer or director

Date: **1-15-99** Daytime Phone #: **352-326-8188**

CR2E037 (11/98)