## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

## **FILED** Jan 30 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # N9500000616 (1) 1. Corporation Name  |  |   |                     |                       |                     |   |
|---|--|---|---------------------|-----------------------|---------------------|---|
| HORTON DANCE, INC.  |  |   |                     |                       |                     |   |
| Principal Place of Business Mailing Address   |  |   |                     |                       |                     |   |
| 1350 E. SUNRISE BOULEVARD 1350 E. SUNRISE BOULEVARD   |  |   |                     |                       |                     | 2. Data languageted as Qualified  |
| STE 132   |  | STE 132                                     |                     |                       |                     | 3. Date Incorporated or Qualified 02/07/1995                                    |
| FT LAUDERDAL  | E FL 33304   | FT LAUDERDALE FL 33304                      |                     |                       |                     | 4. FEI Number Applied For   |
|   |  |   |                     |                       |                     | 65-0557972 Not Applicable   |
|   | lace of Business   | <u> </u>                                    | 2a. Mailing Address |                       |                     | 5. Certificate of Status Desired S8.75 Additional                               |
| Suite, Apt.   | #, etc.  | 26 Suite, Apt. #                            | Suite, Apt. #, etc. |                       |                     | Fee Required  6. Election Campaign Financing \$5.00 May Be                      |
| 22  |  | 27  |                     |                       | _                   | Trust Fund Contribution Added to Fees   |
| City & State  | e  | City & State                                | <del> </del>        |                       |                     | 7. Is this nonprofit corporation a homeowners association?                      |
| Zip Country   |  | 28  <br>  Zip                               | Zip Country         |                       | <del>,</del> -      | Yes No  8. This corporation owes or has pald the current year Intangible        |
| 24  | 25   | 29  | 30                  |                       |                     | Personal Property Tax due June 30. Yes No                                       |
|   | 9. Name and Address of Curre   | nt Registered Agent                         |                     |                       |                     | 10. Name and Address of New Registered Agent                                    |
| 8   |  |   |                     |                       | Name                |   |
| DOZIER, ADRIENNE U  |  |   |                     | 82                    | Street Add          | ress (P.O. Box Number is Not Acceptable)  |
|   | W. 12TH CT.  |   | 83                  |                       |                     |   |
| LAUDERHILL FL 33313   |  |   |                     |                       |                     |   |
|   |  |   |                     | 84                    |                     | FL 85 Zip Code  |
| 11. Pursuant t  | to the provisions of Sections 617.05   | 02 and 617.1508, Flori                      | da Statutes, t      | he above              | a-named corp        | poration submits this statement for the purpose of changing its registered      |
| 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 _   |  |   |                     |                       |                     |   |
| 12.   | Signature, typed or printed name of registered ag  | pent and title if applicable.  ND DIRECTORS | (NOTE: Res          | gistered Age          | ent signature requi | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                               |
| TITLE   | Р  |   | ELETE               | 1.1 TITLE             |                     | Change Addition   |
| NAME  | HORTON, CLEORA 12N   |   | 1.2 NAME            |                       |                     |   |
| STREET ADDRESS  |  |   | 1,3 STREET          | ADDRESS               |                     |   |
| CITY-ST-ZIP   | LAUDERHILL FL 33313  |   |                     | 1.4 CITY - S          | T-ZIP               |   |
| TITLE   | ٧  |   | ELETE               | 2.1 TITLE             |                     | Change Addition   |
| NAME  | DOZIER, ADRIENNE   |   |                     | 2.2 NAME              |                     |   |
| STREET ADDRESS  | 4500 NW 12 CT.   |   |                     | 2.3 STREET            | 1                   |   |
| CITY-ST-ZIP   | LAUDERHILL FL 33313  |   | ELETE               | 2. 4 CITY-S           | ST-ZIP              | Change Addition   |
| TITLE   | TS<br>IONES HAZEI  | ب ب   | Creir :             | 3.1 TITLE<br>3.2 NAME |                     | C offaige C Addition  |
| NAME<br>STREET ADDRESS  | JONES, HAZEL<br>2331 NW 15 ST  |   | •                   | 3.3 STREET            | ADDRESS             |   |
| CITY-ST-ZIP   | LAUD FL 33311  |   |                     | 3.4. CITY-S           |                     |   |
| TITLE   | D  |   |                     | 4.1 TITLE             |                     | ☐ Change ☐ Addition   |
| NAME  | ROBINSON, DIONNE   |   | j                   | 4. 2 NAME             |                     |   |
| STREET ADDRESS  | 4510 NW 15 ST  |   | 1                   | 4.3 STREET            | ADDRESS             |   |
| CITY-ST-ZIP   | LAUD FL 33313  |   |                     | 4.4 CITY-S            | T-Z <u>IP</u>       |   |
| TITLE   | D  |   | ELETE               | 5.1 TITLE             |                     | Change Addition   |
| NAME  | BLACK, OLIVER  |   |                     | 5.2 NAME              |                     |   |
| STREET ADDRESS  | 1600 NW 27 TERR  |   | 1                   | 5.3 STREET            | ADDRESS             |   |
| CITY-ST-ZIP   | LAUD FL 33313  | <del> </del>                                |                     | 5.4 CITY-ST-ZIP       |                     | Discovery Control of Adams  |
| TITLE   | D DECK EDWARD  | <u> </u>                                    | titit               | 6.1 TITLE             | 1                   | L Change L Addition   |
| NAME  | HORTON, EDWARD   |   |                     | 6.2 NAME              | 4000000             |   |
| STREET ADDRESS  | The state of the s |   | 6.3 STREET          |                       |                     |   |
| 14. L bereby c  | 14. I bereby certify that the information supplied with this filling does not qualify for the exe  |   |                     | 6.4 CITY-S<br>e exemp | tion stated in      | Section 1 (9.07(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 path; 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 critinged, or on an attachment with an address.  |  |   |                     |                       |                     |   |