FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500000616

1. Corporation Name

HORTON DANCE, INC.

Principal Place of Business

1350 E. SUNRISE BOULEVARD

STE 132

FT LAUDERDALE FL 33304

Mailing Address

1350 E. SUNRISE BOULEVARD

STE 132

FT LAUDERDALE FL 33304

FILED Mar 09, 1999 8:00 am § Secretary of State

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TT CAUCINDAL	L IL WOOT										
2 Dringing D	ace of Business	2a. Mailing Address			3.	Date Incorporated or	Qualifed				
21	ace of Dusiness	26				02/07/1995		4	<u>-</u> .	ŀ	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			4.	FEI Number			Ap	lied For	
22	•	27				65-0557972			. No	Applicable	
City & State	•	City & State			5.	Certifcate of Status I	Desired [_	\$8.75 A Fee Re	-	
Zip	Country	Zip	Country	, 	6.	Election Campaign F	inancing		\$5.00	May Be	
24	25	29 30				Trust Fund Contribut	tion		Added t	Fees	
1	9. Name and Address of Current	Registered Agent			10.	Name and Address	of New Rec	gistered A	gent		
•			81	Name				· ·			
DOZIER. A	DRIENNE U		82	82 Street Address (P.O. Box Number is Not Acceptable)							
	12TH CT.			<u> </u>	<u> </u>			_		_	
	LL FL 33313		83	3						1	
			84	City					85 Zip (ode	
			1	' '				<u> </u>			
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		ALOTE D			ined udean i	relativities)		DATE			
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	int signature rec	dollan milais	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	P	□ DELETE	1.1 TITLE						☐ Change	Addition	
NAME	HORTON, CLEORA		1.2 NAME				•				
STREET ADDRESS	4500 NW 12 CT.			ET ADDRESS							
CITY-ST-ZIP	LAUDERHILL FL 33313		1.4 CITY-5					,			
TITLE	V	☐ DELETE	2.1 TITLE						Change	☐ Addition	
NAME	DOZIER, ADRIENNE		2.2 NAME								
STREET ADDRESS	4500 NW 12 CT.		2.3 STREE	ET ADDRESS						İ	
CITY-ST-ZIP	LAUDERHILL FL 33313		2. 4 CITY-	ST-ZIP		·				_	
TITLE	TS	☐ DELETE	3.1 TITLE			-			Change	☐ Addition	
NAME	JONES, HAZEL		3.2 NAME								
STREET ADDRESS	2331 NW 15 ST		3.3 STREE	ET ADDRESS						•	
CITY-ST-ZIP	LAUD FL 33311		3.4, CITY-	ST-ZIP				_			
TITLE	D	☐ DELETE	4.1 TITLE						Change	☐ Addition	
NAME	ROBINSON, DIONNE		4. 2 NAME		1					[
STREET ADDRESS	4510 NW 15 ST		4.3 STREE	ET ADORESS			-				
CITY-ST-ZIP	LAUD FL 33313		4.4 CITY-	ST-ZIP							
TITLE	D	DELETE	5.1 TITLE						☐ Change	Addition	
NAME	BLACK, OLIVER		5.2 NAME	1			• •			. ,	
STREET ADDRESS	1600 NW 27 TERR			ET ADDRESS							
CITY-ST-ZIP	LAUD FL 33313		5.4 CITY-			·					
TITLE	D	☐ DELETE	6.1 TITLE						Change	Addition	
NAME	HORTON, EDWARD		6.2 NAME	Į.						. {	
STREET ADDRESS	4500 NW 12 CT			ET ADDRESS						}	
CITY-ST-ZIP	LAUD FL 33313		6.4 CITY-	ST-ZIP					٠.		

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: Adviense Closicie RA da Daure

1.99 954.131.763

KZEUS/ (11/30