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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000937

1. Corporation Name

BOOTS IN LINE DANCE CLUB, INC.

Principal Place of Business  
1512 RIO DE JANEIRO AVE. 227  
PUNTA GORDA FL 33983

Mailing Address  
1512 RIO DE JANEIRO AVE. 227  
PUNTA GORDA FL 33983



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
02/24/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
65-0554239

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNTER, RUSSELL  
1512 RIO DE JANEIRO AVE, 227  
PUNTA GORDA FL 33983

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME HUNTER, RUSSELL  
STREET ADDRESS 1512 RIO DE JANEIRO AVE.  
CITY-ST-ZIP PUNTA GORDA FL 33983

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME HAXTON, EILEEN  
STREET ADDRESS 21042 MIDWAY BLVD.  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME VANCE, KATHY  
STREET ADDRESS 2263 EAST ST.  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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

4-28-99 (941) 629-1645  
Date Daytime Phone #

CR2E037 (11/98)