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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

* 150318 - 90175 5 *

DOCUMENT # N95000004202

1. Corporation Name
FLORIDA ARTS, DANCE & FITNESS COMPANY
dba FLORIDA ARTS & DANCE COMPANY

Principal Place of Business	Mailing Address
57 SW MONTEREY RD STUART FL 34994 US	57 SW MONTEREY RD STUART FL 34994 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 09/01/1995
4. FEI Number: 65-0604547 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SPRINKLE, PHILLIP M II
PHILLIPS POINT-EAST TOWER
777 SOUTH FLAGLER DR. SUITE 900
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 ____________________ 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	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MUELLER, JEANETTE		1.2 NAME		
STREET ADDRESS	2002 S.W. RACQUETCLUB DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SANTOMENNO, AGNES		2.2 NAME		
STREET ADDRESS	2002 SW CRANE CREEK AVE		2.3 STREET ADDRESS	1930 SW CRANE CREEK AVE	
CITY-ST-ZIP	PALM CITY FL 34990		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HARRIGAN, KATHRYN		3.2 NAME	DONOHUE, PATTI	
STREET ADDRESS	2100 SE OCEAN BLVD., SUITE 205		3.3 STREET ADDRESS	2125 S.E. ERWIN ROAD	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GIANINO, PETER		4.2 NAME		
STREET ADDRESS	217 E. OCEAN BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	FREEMAN, MARY		5.2 NAME	LOSARDO, RICHARD	
STREET ADDRESS	1995 S.W. MARTIN HWY.		5.3 STREET ADDRESS	145 NW CENTRAL PARK PLACE	
CITY-ST-ZIP	PALM CITY FL 34990		5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	CARDEN, GWEN		6.2 NAME	ST. JOHN, CHRIS	
STREET ADDRESS	1309 SW VI ZEAYA CIR		6.3 STREET ADDRESS	1924 SW LANDING CREEK AVE.	
CITY-ST-ZIP	PALM CITY FL 34990		6.4 CITY-ST-ZIP	PALM CITY, FL	

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] 1-2099 561-288-4150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)