


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90009 045 ****70.00

617311 - 90009 - 45



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N97000006536

1. Corporation Name

DREAM MAKERS MODEL & DANCE STUDIOS, INC.

Principal Place of Business

151 N.W. 60TH STREET
#C3
MIAMI FL 33127
US

Mailing Address

1440 N.E. 143RD STREET
NORTH MIAMI FL 33161
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

65-0795294

Applied For

Not Applicable

5. Certificate 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

JEAN, ROSE MARIE
42308 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

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 *Rose Marie Jean* Registered agent

9/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MOORE, DANNY
STREET ADDRESS 19620 N.W. 6TH PLACE
CITY-ST-ZIP MIAMI FL 33169

TITLE D
NAME HARRIS, NORFLETT E
STREET ADDRESS 1475 EAST AVE., #C1
CITY-ST-ZIP ROCHESTER NY 14610

TITLE D
NAME MOORE, ELLA M
STREET ADDRESS 19620 NW 6TH PLACE
CITY-ST-ZIP MIAMI FL 33169

TITLE D
NAME SAWYER, ELLA MAE
STREET ADDRESS 1046 SHARER AVE.
CITY-ST-ZIP MIAMI FL 33054

TITLE PD
NAME ST. ANGE, HELENE
STREET ADDRESS 1440 N.E. 143RD STREET
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE D
NAME MOORE, RONNIE A.
STREET ADDRESS 5252 N.W. 12TH AVE.
CITY-ST-ZIP MIAMI FL 33127

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE PD
5.2 NAME ST. ANGE, HELENE
5.3 STREET ADDRESS 5261 NW 180 Ter
5.4 CITY-ST-ZIP MIAMI, FL 33055

6.1 TITLE D
6.2 NAME MOORE, RONNIE A.
6.3 STREET ADDRESS 5261 NW 180 Ter
6.4 CITY-ST-ZIP MIAMI, FL 33055

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helene St. Ange 9/13/99

Date

Daytime Phone #

(305) 957-2475

CR2E037 (5/99)

000445