


FILE NOW: FILING FEE IS \$61.25

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90016 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000728					
1. Corporation Name THE DANCE GUILD OF CENTRAL FLORIDA, INC.					
Principal Place of Business 1031 W. MORSE BLVD., STE 105 WINTER PARK FL 32789			Mailing Address 1031 W. MORSE BLVD., STE 105 WINTER PARK FL 32789		
2. Principal Place of Business 21 6908 Easter St. Suite, Apt. #, etc. 22 City & State 23 Winter Park FL Zip Country 24 32792 25 USA		2a. Mailing Address 26 6908 Easter St. Suite, Apt. #, etc. 27 City & State 28 Winter Park FL Zip Country 29 32792 30 USA		3. Date Incorporated or Qualified 02/06/1998 4. FEI Number 59-3500421 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SALZMAN, GARY S ESQUIRE 1031 W. MORSE BLVD., STE. 105 WINTER PARK FL 32789 (new address)					
10. Name and Address of New Registered Agent 81 Name Salzman, Gary S. Esquire 82 Street Address (P.O. Box Number is Not Acceptable) 111 N. Orange Ave, Suite 875 83 Orlando 84 City Orlando FL 85 Zip Code 32801					
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					
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:  **RECEIVED** **5-4-99** **402-673-0099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)