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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 98000003856

1. Corporation Name

SUPPORT DANCE, INC.

Principal Place of Business

Mailing Address

8157-D ANDOVER CT.

8157-D ANDOVER CT.

LAKE CLARKE SHORES, FL 33406

LAKE CLARKE SHORES, FL 33406

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

06/30/98

4. FEI Number

65-0854931

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

BROCK BETH ANNE
8157-D ANDOVER CT
LAKE CLARKE SHORES, FL 33406

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

Beth Anne Brock

5-1-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME PD BRAND PETERS, CATHY

STREET ADDRESS 449 PALM ALTO

CITY-ST-ZIP PALM SPRINGS, FL 33461

TITLE

NAME VD MIESZEZENSKI, PAUL BOYD

STREET ADDRESS 2861 MEADOW ROAD

CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE

NAME GD GIVENS, CRAIG

STREET ADDRESS 724 N STREET

CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE

NAME TD BROCK, BETH ANNE

STREET ADDRESS 8157-D ANDOVER CT

CITY-ST-ZIP LAKE CLARKE SHORES, FL 33406

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D EASTON, MARK
1314 LAKE GENEVA DR.
LAKE WORTH, FL 33461

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D GEORGE, FIFI
170 YALE DRIVE
LAKE WORTH, FL 33460

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D GIOL, JENNI
2200 GIRALDA CIR "E" #104
PALM BEACH GARDENS, FL 33410

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D HONIS, SUSIE
249 EYERLY AVE
PORT ST. LUCIE, FL 34983

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D KERCE, PAT
4307 BRENTWOOD CT
WEST PALM BEACH, FL 33406

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D LEEK, BOBBIE
5200 POINSETTIA AVE #202
WEST PALM BEACH, FL 33401

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.

Beth Anne Brock

5-1-99

(561)832-1626