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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	
DOCUMENT # N98000005845					
1. Corporation Name DANCE OCALA, INC.					
Principal Place of Business 1601 NE. 25TH AVENUE STE. 706 OCALA FL 34470			Mailing Address 1105 N.E. 46TH CT. OCALA FL 34470		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/07/1998 4. FEI Number 59-3292029 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FELTS, JANET 327 N.E. 43RD AVE. OCALA FL 34471			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 D <input type="checkbox"/> DELETE NAME MCREIGHT, DEBBIE STREET ADDRESS 1105 N.E. 46TH COURT CITY-ST-ZIP OCALA FL 34470			1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME McCreight, Debbie 1.3 STREET ADDRESS 1105 NE 46th Ct 1.4 CITY-ST-ZIP Ocala, FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P <input type="checkbox"/> DELETE NAME FELTS, JANET STREET ADDRESS 327 N.E. 43RD AVENUE CITY-ST-ZIP OCALA FL 34471			2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Felts, Janet 2.3 STREET ADDRESS 327 NE 43rd Avenue 2.4 CITY-ST-ZIP Ocala, FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V <input type="checkbox"/> DELETE NAME HOPE, KAREN STREET ADDRESS 2276 S.E. 50TH TERRACE CITY-ST-ZIP OCALA FL 34471			3.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Hope, Karen 3.3 STREET ADDRESS 2276 SE 50th Terrace 3.4 CITY-ST-ZIP Ocala, FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V <input type="checkbox"/> DELETE NAME FARRO, ANNMARIE STREET ADDRESS 16250 S.E. 27TH AVENUE CITY-ST-ZIP SUMMERFIELD FL 34491			4.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Farro, Annmarie 4.3 STREET ADDRESS 16250 SE 27th Ave Summerfield FL 4.4 CITY-ST-ZIP 34491 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S <input type="checkbox"/> DELETE NAME ANDERSON, VICKIE STREET ADDRESS 2798 S.E. 41ST PLACE CITY-ST-ZIP OCALA FL 34480			5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Anderson, Vickie 5.3 STREET ADDRESS 2798 SE 41st Place 5.4 CITY-ST-ZIP Ocala, FL 34480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T <input type="checkbox"/> DELETE NAME REDA, JAMIE STREET ADDRESS 3704 S.E. 45TH PLACE CITY-ST-ZIP OCALA FL 34480			6.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME Reda, Jamie 6.3 STREET ADDRESS 3704 SE 45th Place Ocala, FL 6.4 CITY-ST-ZIP 34480		

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

JANET FELTS REDA 2/19/99 352-622-8547
 Date Daytime Phone #

CR2E037 (1/98)