

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90195 009 ***150.00

DOCUMENT # P37506

1. Corporation Name

DANCERS CHOICE TRAVEL, INC.



Principal Place of Business

**500 W. CYPRESS CREEK RD
410
FT. LAUDERDALE FL 33309
US**

Mailing Address

**500 W. CYPRESS CREEK RD. #410
FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1992

4. FEI Number

58-1966385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 7900 GLADES ROAD

26 7900 GLADES ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 630

27 SUITE 630

City & State

City & State

23 BOCA RATON FL

28 BOCA RATON FL

Zip

Country

Zip

Country

24 33434

25 USA

29 33434

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHULTZ, MICHAEL
500 W. CYPRESS CREEK RD., #410
FT. LAUDERDALE FL 33309**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7900 GLADES ROAD

83

SUITE 630

84 City

BOCA RATON

FL

85 Zip Code

33434

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTDS
SCHULTZ, MICHAEL
500 W. CYPRESS CREEK RD., #410
FT. LAUDERDALE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**7900 GLADES ROAD, SUITE 630
BOCA RATON FL 33434**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, 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:

Michael Schultz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 (561) 218-3237

CR2E034 (11/98)