


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0111990

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000048075		
1. Corporation Name REBECCA'S SCHOOL OF DANCE, INC.		

FILED

95 JUL 27 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2083 RIVER ROAD SNEADS FL 32460	Mailing Address PO BOX 767 SNEADS FL 32460
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DO NOT WRITE IN THIS SPACE

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 06/24/1994	
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		4. FEI Number 59-3250210	
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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PARMER, REBECCA B 2083 RIVER ROAD SNEADS FL 32460				10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent PARMER, REBECCA B 2083 RIVER ROAD SNEADS FL 32460				81 Name	
9. Name and Address of Current Registered Agent PARMER, REBECCA B 2083 RIVER ROAD SNEADS FL 32460				82 Street Address (P.O. Box Number is Not Acceptable)	
9. Name and Address of Current Registered Agent PARMER, REBECCA B 2083 RIVER ROAD SNEADS FL 32460				83	
9. Name and Address of Current Registered Agent PARMER, REBECCA B 2083 RIVER ROAD SNEADS FL 32460				84 City	
9. Name and Address of Current Registered Agent PARMER, REBECCA B 2083 RIVER ROAD SNEADS FL 32460				85 Zip Code	

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 NAME STREET ADDRESS CITY-ST-ZIP	P PARMER, REBECCA B 2083 RIVER RD SNEADS FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (5/99)

RSUD

2083 River Rd.
P.O. Box 767
Sneads, Fl. 32460

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

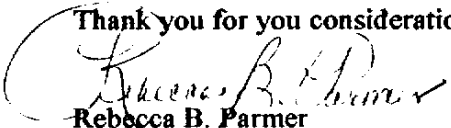
Dear Sir or Madam,

I have received a second notice for filing my 1999 **PROFIT CORPORATION ANNUAL REPORT**. I realize it is delinquent and do appreciate the importance of filing promptly as I have always done in the past. I phoned and discussed my situation with a member of the Department and she recommended I write this letter and outline the reasons.

I am a small business operator with net revenues of less than \$10,000 per year. My business, Rebecca's School of Dance, is normally operated only nine or ten months of the year, with summer months inactive. I have been enrolled in school for the past two years as a full time student while working this business as well as working part time as a R.N. In June this year a family member was diagnosed terminally ill out of state which took me away. Finals were scheduled during this time, as was my Nursing work schedule.

I certainly did not intend to avoid or even delay the timely filing of the report and paying the fees. The penalty is a burdensome considering the income generated by my business. I respectfully request you consider these circumstances and grant me an exception, waiving the penalty fee and accept my normal filing fees.

Thank you for your consideration.


Rebecca B. Farmer
Rebecca's School of Dance, Inc.