FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90152 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCLIMENT

	VIEIVI # P94000	U88896						
i Corporation	i Name .							
SIMIPLY	DANCE CENTERS INCORPO	JNAIEU				F 18321331 113 1311 3131 3211 3311 3311 3	11) 2010 1 (210) 1 110 1 (2	11 0 10112 0 131 1031
Principal Place	e of Business	Mailing Address					SII 9910 1 (8 5 8) 1910) 19	IER EREID DIE INDI
9430 S. U.S. 1		9430 S. U.S. 1						
PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952						DO NOT INDITE	N THIS SDACE	
US US						3. Date Incorporated or Qualifed	N THIS SPACE	
						12/06/1994		
2. Principal P	ace of Business	2a. Mailing Addr	ess			4. FEI Number		Applied For
21	,	26				65-0238616		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.					Additional
22		27				5. Certifcate of Status Desired		Required
City & Stat	e	City & State				6. Election Campaign Financing	•	May Be
23	Country Zip Co			Country		Trust Fund Contribution		d to Fees
Zip 24	25 29 30		٦ ´		This corporation owes the current personal Property Tax.	/ear intangible □ Yes	□No	
[24]	9. Name and Address of Current					10. Name and Address of New Regi	stered Agent	
				81	Name			
REFFNER, PAMELA R				82	Street	Address (P.O. Box Number is Not Acceptable)		
9430 S. U.S. 1				L				
PUR	T ST. LUCIE FL 34952			83				
1				84	City		85 Zij	Code
		1007.4500.51		111	Ĺ	I with this state was far the pure	FL	to conintered
l office or n	egistered agent, or both, in the State (of Florida. Such chan	oe was autho	orized by	the corp	corporation submits this statement for the purporation's board of directors. I hereby accept the	e appointment as	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.	0505, Florida	Statutes	١.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE, Reg	gistered Ager	nt signature	required when reinstating)	DATE	
12.	OFFICERS AN	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PM	□ D	ELETE	1.1 TITLE		1	Change	Addition
NAME	REFFNER, PAMELA R			12 NAME				
STREET ADDRESS	882 STREAMLET AVE				TADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL		ELETE	1.4 CITY-S	T-ZIP		Change	e
TITLE	DOCCI HOLLY C	U #	ELEVE	2.1 TITLE 2.2 NAME			Containing	, manion
NAME STREET ADDRESS	ROSSI, HOLLY G 1724 S.W. MONARCH CLUB DI	D		2.3 STREET	T ADVODESS			
CITY-ST-ZIP	PALM CITY FL	.		2.4 CITY-S		_		_
TITLE	· ·		ELETE	3.1 TITLE			☐ Chang	e Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	TADDRESS			
CITY-ST-ZIP				3.4. CITY- S	T-ZIP			
TITLE			ELETE	4.1 TITLE			Change	e Addition
NAME				4.2 NAME				
STREET ADDRESS				•	TADDRESS			
C/TY-ST-ZIP		П и	ELETE	4.4 CITY-S	T-ZIP		☐ Chang	e Addition
TITLE				5.1 TITLE 5.2 NAME		·	_ change	
NAME STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				5.4 CITY-S				
TITLE		D	ELETE	6.1 TITLE			Change	e
NAME				6.2 NAME		· ·	,	-

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

561-335 2686