LFILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortharc 97 JUL 16 PI1 2: 02 ANNUAL REPORT Secretary of \$\mathbb{3}\tale^\vert \frac{\psi}{2}\$. DIVISION OF CORPORATIONS 1997 SECRETATY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # \$ 950000 55715 ElitE DANCE Club INC DaNCE Principal Place of Business 391. Gleneagles SV Orange Port H 3 32073 1971 Wells Rd 1 7/32673 28. Mailing Address 3. Date Incorporated or Qualified Applied For Suite, Apt. #, etc Not Applicable 26 \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Ziegenhein DORIS 81 Name 301 Gleneagles DR ORANGE PARK 71 32073 Street Address (P.O. Box Number is Not Acceptable) 82 83 84 City 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 507.0505, Florida Statutes.

SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. 900002243089 -07/21/97--01116--003 ****165.00 *****165.0 TITLE DELETE 1.1 TITLE 1.2 NAME NAME 1.3 STREET ADDRES STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP Change 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CF ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAIK. STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ___ Addition 6 1 TOLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP CITY - ST - ZIP 14. I do 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my mane appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE