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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

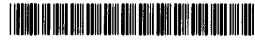
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P9600000493 (2)

DANCE AWAY, INC.

FILED Jul 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						ı indisêmi ise ibisa bisi dallı dallı dallı dallı	AN 0010 01010 10	198 1111 1881	
678 NO. WICKHAM ROAD MELBOURNE FL 32935			678 NO. WICKHAM ROAD MELBOURNE FL 32835			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	-		
						01/01/1996			
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ac	plied For	
21	,	26	26			59-3355806		t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 /		
22		27	· 			5. Certificate of Status Desired	Fee Re	quired	
City & State	•	City & State	<u>├</u> ┐ '			6. Election Campaign Financing	\$5.00		
23 County		28				Trust Fund Contribution	Added t		
Zip	Country Zip		\vdash	Country		8. This corporation owes or has paid the cu		angible No	
24	25 25 Name and Address of Cu	rent Registered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered		S NO	
EAS	L E\$, Brenda j			B1 N	ame	10.			
	B NO . WICKHAM ROAD								
	LBOURNE FL 32935			82 S	treet Addr	Address (P.O. Box Number is Not Acceptable)			
INL	LODONIL IL 32833			83					
			-	84 C	ity	Fl	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 Horida. 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 Desenda I False Pro 6-29-98									
	Signature, specific printed name of registers	agent and title if applicable. (NI		Agent si	onature require	ed when reinstating) DATE			
12.		TICE #6 AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR Change	S IN 12 Addition	
TITLE			1.1 Till				CT Cliange	Z AGGILION	
NAME STREET ADDRESS	755 SO. ROBIN WAY		1.2 NAME 1.3 STREET ADDRESS		nce				
CITY-ST-ZIP	SATELLITE BEACH FL								
TIFLE	DELETE			1.4 CITY - ST - ZIP 2.1 TITLE			Change	Addition	
NAME	_			2.2 NAME				_	
STREET ADDRESS				REET ADD	RESS			}	
CITY-ST-ZIP			2. 4 CiT		·				
TITLE		DELETE	3.1 1/1LE				Change	Addition	
NAME			3.2 NA	ME				Ì	
STREET ADDRESS			3.3 ST	REET ADD	RESS			ŀ	
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP		Р				
TITLE		☐ DELETE	4.1 111	LÉ		المان الماني	Change	Addition	
NAME			4. 2 N	ME	1	6000025868 -07/13/98010740	ವ ರ		
STREET ADDRESS			4.3 ST	REE1 ADD	RESS	-U(/13/98U1U(4U	33		
CITY+ST-ZIP		******	4.4 CIT	Y - \$1 - ZII	,	***150.00			
TITLE		☐ DELETE	5.1 T(T	LE	-		Change	Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 \$11	REET ADD	RESS	n .		1	
CITY-ST-ZIP				Y-\$1-21	<u>, </u>		TTA:		
TITLE		☐ DELETE	6.1 T(T			'Alia	Change	Addition	
NAME			6.2 NA		-	, alta			
STREET ADDRESS		•		REET ADD		••			
CITY-ST-ZIP			6.4 CIT	Y-\$1-21	<u> </u>	0			

14. 1 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.