PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000034282

1. Corporation Name

DANCING BEAR GROUP, INC.

Principal F	lace of Bu	siness	

333 EST LAS OLAS BLVD FT. LAUDERDALE FL 33301 Mailing Address

333 EAST LAS OLAS BLVD FT. LAUDERDALE FL 33001

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90066 033 ***150.00



DO NOT WRITE IN THIS SPACE

	1 7						. Date incorporated or Qualifed				
							04/19/1996				
2. Princip al	Princip al Place of Business 2a. Mailing Address					4.	. FEI Number	\ \.\ .\.\.	olied For		
21		26					65-0660648		t Applicable		
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$8.75 / Fee Re				
City & State City & State					6.	, Election Campaign Financing	\$5.00	May Be			
23		28					Trust Fund Contribution	Added) Fees		
Zip	Country	Zip	Соц	intry		8.	8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.		☐Yes	□No		
9. Name and Address of Current Registered Agent						10.	10. Name and Address of New Registered Agent				
				81	Name						
SMITH, DENNIS D			82 Street Address (P.O. Box Number is Not Acceptable)								
110	110 S.E. 6TH ST.			82 Street Address (P.O. Box Number is Not Acceptable)							
281	TH FLOOR			83							
FT.	LAUDERDALE FL 33301							- 1			
ĺ				84	City		FL	85 Zip (Code		
	A 4 - 4 - 4 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -	C === 4 CO7 4 CO2 Florida C1-5	00 tha -	hour	named 5	rnoratio	on submits this statement for the purpose of	changing its	registered		
11. Pursuan	t to the provisions of Sections 607.050 registered agent, or both, in the State	₂ and 607,1508, Florida Stati t of Florida, Such change was ∋	es, ine a iuthorized	bove by t	the corpor	ation's be	poard of directors. I hereby accept the appoint	tment as re	gistered		
agent. I	am familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Stat	utes.							
SIGNATUFE	<u> </u>										
	Signature, typed or printed name of registered ager	- 	: Registered	Agent	t signature rec						
12.	OFFICERS AN	DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS .\N				
TITLE	D	☐ DELETE	1.1 70	1.1 TITLE				Change	Addition		
NAME	EGAN, MICHAEL S		1.2 NAM								
STREET ADDRES	s 333 E LAS OLAS BLVD		1.3 STF		ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1,4 CI	TY-ST	r-ZIP						
TITLE	T P	☐ DELETE	21 TITL≅					☐ Change	☐ Addition		
NAME	ALLEN, CELESTE		2.2 NAM						•		
STREET ADDRE	ALL TOP DECIMARE SILES		1		ADDRESS						
	FT_LAUDERDALE FL 33301		2.4 CITY		ì						
_CITY-ST-ZIP	D	DELETE	3.1 TI		1-21			Change	Addition		
TITLE 	-	O OFFICIO	- 1						_		
NAME	ARTHUR, ROSALIE		3.2 N	_							
STREET ADDRESS	••• · · · · - · · · · · · · · ·			_	ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			ITY-S1	T-ZIP			(7) Character	- Addisin-		
TITLE	D	☐ DELETE	4.1 Tf					Change	☐ Addition		
NAME	KELLY, WILLIAM H JR		1 4. 2 N	IAME							
STREET ADDRES			4.3 S	TREET	ADDRESS						
CITY-ST-ZIP	CHICAGO IL 60603		4,4 CI	ITY-ST	r-ZIP						
TITLE	S	☐ DELETE	5.1 T	5.1 TITLE				Change	☐ Addition		
NAME	TRIPP, NORMAN D.		5.2 NAME								
STREET ADDRES	*** 05 4711 070557		5.3 STRE		ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CIT)		-ZIP				_		
TITLE		☐ DELETE	6.1 TITLE					Change	Addition		
NAME			6.2 N	AME							
ì			1		ADDRESS						
STREET ADDRES	2			TY-ST							
CITY-ST-ZIP	and if that the information of a lied with	th this filing dose not qualify fo				in Section	on 119,07(3)(i), Florida Statutes. I further cert	ify that the i	nformation		
14. i hereby	certify that the information supplied wi	ur uns ming does not quality to	rote exe	anpik	on stated	ni Occioi	If have the same legal effect as if made under	roath that	Laman		

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 ar 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: Celeste Allen