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

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000089823 (4)**

1. Corporation Name

DANCEFLOOR SYNDROMA, INC.

Principal Place of Business

1160 MULBERRY WAY
BOCA RATON, FL 33486

Mailing Address

1160 MULBERRY WAY
BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
10/30/1996

4. FEI Number
65-0727110
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EDWARDS, KIMBERLEE
1160 MULBERRY WAY
BOCA RATON, FL 33486

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, KIMBERLEE		12 NAME	
STREET ADDRESS	1160 MULBERRY WAY		13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL		14 CITY-ST-ZIP	
TITLE	VPS	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	RAJOO, RISHY		22 NAME	
STREET ADDRESS	1160 MULBERRY WAY		23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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06/26/98-01014-036
***150.00

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added above or on an attachment with an address.

SIGNATURE: _____ President 6/13/98 561 3925243

CR2E034 (10/97)

Dancefloor Syndroma Inc.
1160 Mulberry Way
Boca Raton Fl 33486
May 20, 1998

Dear Sir\Madam,

This letter is to inform you that the reason we are filing our corporation's fees late is due to the fact that we did not receive the forms at the above address. The address is our corporation's administrative base and our home too; therefore we are sure we did not receive the forms at the above address.

We would like to take this opportunity to thank you for your understanding concerning this matter and are now remitting the fees due for our corporation.

Respectfully yours,

Kimberlee Rajoo
President
Syndroma
RJLR