

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 27 1998 8:00am  
Secretary of State

0007376

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000000316 (4)**

1. Corporation Name

**DISCIPLINE-PASSION-EXCELLENCE, INC.**



Principal Place of Business

Mailing Address

**3480-201 NORTH MONROE ST.  
TALLAHASSEE FL 32303**

**3480-201 NORTH MONROE ST.  
TALLAHASSEE FL 32303**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/02/1997**

4. FEI Number

**59-3417501**

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

2. Principal Place of Business

2a. Mailing Address

**21 3840-201 N. Monroe St**

**26 3840-201 N. Monroe St**

**22 Tallahassee, Fl.**

**27 Tallahassee, Fl.**

**23 32303**

**28 32303**

**24 Zip Country**

**29 Zip Country**

9. Name and Address of Current Registered Agent

**ACKERMANN, MICHELE A  
3480-201 NORTH MONROE ST.  
TALLAHASSEE FL 32303**

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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>THOMPSON, PATRICIA LYNN</b>
STREET ADDRESS	<b>3480-201 NORTH MONROE ST.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>
TITLE	<b>STD</b>
NAME	<b>ACKERMAN, MICHELE A</b>
STREET ADDRESS	<b>3480-201 NORTH MONROE ST.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Same</b>
1.3 STREET ADDRESS	<b>3840-201 N. Monroe St</b>
1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32303</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>STD Ackermann, Michele A.</b>
2.3 STREET ADDRESS	<b>3840-201 N. Monroe St</b>
2.4 CITY-ST-ZIP	<b>Tallahassee Fl. 32303</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>500002603485</b>
5.3 STREET ADDRESS	<b>-07/31/98--01007--038</b>
5.4 CITY-ST-ZIP	<b>***150.00</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

*Michele A. Ackerman*

**7/13/98 562-9556**

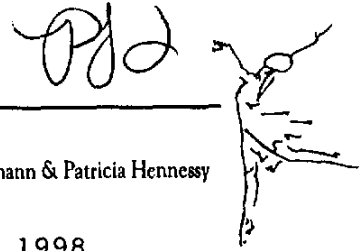
CR2E034 (5/98)

# The Dance Studio

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BALLET • TAP • JAZZ • MUSICAL THEATRE • POINTE  
ADULT TOURING TAP TROUPE • YOUTH THEATRE EDUCATION

Directors: Michele Ackermann & Patricia Hennessy



July 13, 1998

To Whom It May concern, .

The Dance Studio received this second notice from your office on Wed., July 8. Please note that the address is incorrect, which may explain the reason why we never received a first notification informing us to report earlier in the year. As this is our first year since we incorporated, I'm hopeful that your office will excuse the lateness of this report. I am enclosing the incorrect address, and a check for one hundred fifty dollars,

I sincerely hope this meets with your satisfaction and that the matter is settled.

Michele Ackermann  
Secretary, Discipline- Passion- Excellence, INC.

*Through Discipline and Passion comes Excellence*

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3840-201 North Monroe Street • Tallahassee, Florida 32303 • (904) 562-9556