FILE NOW. FILING FEE AFTER MAR. 1ST

PROFIT CORPORATION ANNUAL REPORT

1998 1999 AR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY 25 AM 11:05

04-27-1999 90146 044 ***150.00
TALLAHASSEE, FLORIDA

DOCUMENT # P970000 16000

1. Corporation Name

ALL-AMERICAN DANCE STUDIOS, INC.

[redacted]

Principal Place of Business
944 Fifth Avenue No.
Naples, FL 34102

Mailing Address
944 Fifth Avenue No.
Naples, FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/97

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip [25] Country

2a. Mailing Address [26]

Suite, Apt. #, etc. [27]

City & State [28]

Zip [29] Country [30]

4. FEI Number: 59-3429008 — 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RANDOLPH S. COOK
944 Fifth Avenue No.
Naples, FL 34102

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 maintaining) DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE
NAME RANDY S. COOK
STREET ADDRESS 944 Fifth Avenue No.
CITY-ST-ZIP ~~Naples, FL 34102~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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*****150.00 *****0.00

CR2E034 (11/98)

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 addition, with all other like empowered.

SIGNATURE: SIGNATURE AND/OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE 2/24/99 — Daytime Phone #