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Apr 09 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 # P97000017465

1. Corporation Name
The Dance Dresser Inc.

Principal Place of Business
419 W. Citrus St.
Altamonte Springs
FL. 32714

Mailing Address
Box 160006
Altamonte Springs
FL. 32714

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

4. FEI Number
59 2200617
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

Sharon Gribben
419 W Citrus Street
Altamonte Springs, FL 32714

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: Sharon Gribben 3/23/98
(If changing Registered Agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President	☐ DELETE	11 TITLE	☐ Change ☐ Add
12 NAME	Sharon Gribben		12 NAME	
13 STREET ADDRESS	419 w citrus st		13 STREET ADDRESS	
14 CITY-ST-ZIP	Altamonte Sp FL 32714		14 CITY-ST-ZIP	
21 TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Add
22 NAME			22 NAME	
23 STREET ADDRESS			23 STREET ADDRESS	
24 CITY-ST-ZIP			24 CITY-ST-ZIP	
31 TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Add
32 NAME			32 NAME	
33 STREET ADDRESS			33 STREET ADDRESS	
34 CITY-ST-ZIP			34 CITY-ST-ZIP	
41 TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Add
42 NAME			42 NAME	
43 STREET ADDRESS			43 STREET ADDRESS	
44 CITY-ST-ZIP			44 CITY-ST-ZIP	
51 TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Add
52 NAME			52 NAME	
53 STREET ADDRESS			53 STREET ADDRESS	
54 CITY-ST-ZIP			54 CITY-ST-ZIP	
61 TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Add
62 NAME			62 NAME	
63 STREET ADDRESS			63 STREET ADDRESS	
64 CITY-ST-ZIP			64 CITY-ST-ZIP	

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CR2E034 (10/97)

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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: Sharon Gribben 3/23/98 407-682-1646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number