


07281999-00007-026-\$150.00-\$150.00

FILED

AMOUNT DUE ON OR BEFORE 09/18/99: \$530 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000022403		
1. Corporation Name A CHANCE TO DANCE, INC.		

Principal Place of Business 2771 MOUND RD SUITE 1 JACKSONVILLE FL 32225 US	Mailing Address POST OFFICE BOX 41285 JACKSONVILLE FL 32203
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2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 03/06/1997	4. FEI Number 59-3436208	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent PELLICER, KIMBERLY PICAR 8044 INTERNATIONAL VILLAGE DR JACKSONVILLE FL 32277	
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10. Name and Address of New Registered Agent	
81 Name Kimberly Pellicer	82 Street Address (P.O. Box Number is Not Acceptable) 3204 Southern Hills Circle W
83	84 City Jacksonville
85 Zip Code 32225	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 PELLICER, KIMBERLY PICAR 8044 INTERNATIONAL VILLAGE DR JACKSONVILLE FL 32277 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Kimberly Picard Pellicer 3204 Southern Hills Circle W Jacksonville, FL 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kimberly Picard Pellicer 7-20-99 (904) 999-8039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

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August 11, 1999

Florida Department of State
Divisions of Corporations
Tallahassee, Florida 32314

Re: Document # P97000022403

To whom it may concern

Pursuant to our telephone conversation. I am requesting that the penalties be abated against A Chance to Dance, Inc. due to reasonable cause.

I did not realize that the Divisions of Corporations form had not been filed until my accounting office notified me and they requested you send another form out. I promptly filed my corporation papers with your office as soon as the papers were received. I have moved several times and never received my mail and being new in business I was not aware of the dead line on filing this form.

I request that these penalties be abated. Thank you for your help in this matter.

Sincerely yours,

Kimberly Pellicer

A Chance to Dance

Enclosures (2)

cc: Copy of Divisions of Corporations Ltr.
Copy of application