

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

FILED

Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000028765 (0)

1. Corporation Name

A SOCIAL AFFAIR DANCE STUDIOS, INC.

Principal Place of Business

~~9850-9 SAN JOSE BLVD~~  
JACKSONVILLE FL 32257

Mailing Address

~~9850-9 SAN JOSE BLVD~~  
JACKSONVILLE FL 32257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9850-9 San Jose Blvd.		26 9850-9 San Jose Blvd.		03/27/1997	
22 Suite, Apt. #, etc.		27 Jacksonville, FL		4. FEI Number	
23 Jacksonville, Florida		28 Zip		59-3436140	
24 32257		29 32257		5. Certificate of Status Desired	
25 USA		30 USA		6. Election Campaign Financing	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		7. Trust Fund Contribution	
THOMAS, CHRIS		81 Name		8. This corporation owes or has paid the current year Intangible	
9850-9850-9 SAN JOSE BLVD		82 Street Address (P.O. Box Number is Not Acceptable)		Personal Property Tax due June 30.	
JACKSONVILLE FL 32257		83		9. Yes No	
		84 City		10. Yes No	
		FL		11. Yes No	
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	THOMAS, CHRIS	1.2 NAME	THOMAS, CHRIS
STREET ADDRESS	4083 SUNBEAM RD APT 1119	1.3 STREET ADDRESS	9802 WOODROSE LN.
CITY-ST-ZIP	JACKSONVILLE FL 32258	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	V	2.1 TITLE	V
NAME	THOMAS, KRISTA	2.2 NAME	THOMAS, KRISTA
STREET ADDRESS	4083 SUNBEAM RD APT 1119	2.3 STREET ADDRESS	9802 WOODROSE LN.
CITY-ST-ZIP	JACKSONVILLE FL 32258	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	ST	3.1 TITLE	ST
NAME	NEWMAN, ORTRUD	3.2 NAME	NEWMAN, ORTRUD
STREET ADDRESS	11772 TYNDEL CREEK LN	3.3 STREET ADDRESS	11772 TYNDEL CREEK DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32223	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Ortrud Newman*

March 2, 1998 (904) 468-9709

CR2E034 (10/97)