

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 19, 1999 8:00 am
Secretary of State
07-19-1999 90006 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000053117 ✓
1. Corporation Name
SUNDANCE ACUPUNCTURE, INC.

Principal Place of Business 100 S E 2ND STREET STE 1950 MIAMI FL 33131	Mailing Address 100 S E 2ND STREET STE 1950 MIAMI FL 33131
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2064 N. University Dr. Suite, Apt. #, etc. 22		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/16/1997	
City & State 23 Pembroke Pines FL		City & State 27		4. FEI Number 65-0784707 Applied For <input type="checkbox"/> Not Applicable	
Zip 24 33024		Country 25 Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City 28		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City 29		Country 30		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

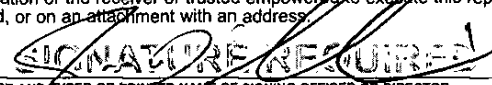
9. Name and Address of Current Registered Agent D'ALESSIO, JONATHAN D 600 SE 2ND STREET SUIT #1950 MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name D'ALESSIO, Jonathan D 82 Street Address (P.O. Box Number is Not Acceptable) 2064 N. University Dr. 83 84 City Pembroke Pines FL 85 Zip Code 33024			
---	--	--	--	--	--	--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D President	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D'ALESSIO, JONATHAN D		1.2 NAME	
STREET ADDRESS 100 S E 2ND STREET STE 1950		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33131		1.4 CITY-ST-ZIP	
TITLE Vice President	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Sherri D'Allessio		2.2 NAME	
STREET ADDRESS 2064 N. University Dr.		2.3 STREET ADDRESS	
CITY-ST-ZIP Pembroke Pines FL 33024		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  **7/9/99** 954 450-9091

CR2E034 (5/99)

S90342-90006-48
P97000053117

July 7, 1999

To Whom It May Concern:

I am writing this letter to say that I did not receive my *1st Notice* for my 1999 Profit Corporation Annual Report, only a *2nd Notice*. I will be paying \$150.00 which is the amount due for the first notice. I spoke with a representative on the phone and she told me to do this.

If you have any questions please call me at ~~305-824-4325~~ 305-491-4325
or 954-450-9091

Thank you



Jonathan D'Alessio, President
Sundance Acupuncture Inc.

FEI number - 65-0784707
Document # P97000053117

Sundance Acupuncture Inc.

100 SE 2nd St. Suite 1950
Miami, FL 33131

305-824-4325
needleme@bellsouth.net