

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
Sep 10, 1999 8:00 am
Secretary of State

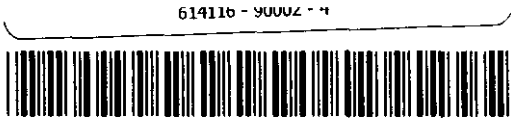
09-10-1999 90002 007 ***550.00
 09-10-1999 90002 008 *****8.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000024148 ✓
 Corporation Name
PLENNIUM 2000 DANCESPORT, INCORPORATED



Principal Place of Business
REAGAN AVENUE
SEFFNER FL 33584

Mailing Address
4906 REAGAN AVENUE
SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Country Zip Country

3. Date Incorporated or Qualified
03/13/1998

4. FEI Number
59-349-7833

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. Yes No

9. Name and Address of Current Registered Agent
LANSKY, GLEN R
915 OAKFIELD DRIVE
SUITE F
BRANDON FL 33511

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

In accordance with 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 _____

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|--|---|---|
| ADDRESS | D CHAPMAN, MICHAEL 14100 N. 46TH ST. TAMPA FL 33613 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS | D KILLICK, PAUL 14100 N. 46TH ST. TAMPA FL 33613 <input type="checkbox"/> DELETE | 1.2 NAME | |
| ADDRESS | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS | |
| ADDRESS | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | |
| ADDRESS | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| ADDRESS | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS | <input type="checkbox"/> DELETE | 3.2 NAME | |
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| ADDRESS | <input type="checkbox"/> DELETE | 4.2 NAME | |
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| ADDRESS | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | |
| ADDRESS | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS | <input type="checkbox"/> DELETE | 5.2 NAME | |
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| ADDRESS | <input type="checkbox"/> DELETE | 6.2 NAME | |
| ADDRESS | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS | |
| ADDRESS | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP | |

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 contained 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Chapman 9/5/99 813-681-9749

CR2E034 (5/99)