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).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000025047

VANEE SCHOOL OF DANCE INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90001 011 \*\*\*150.00



9749 SW 111 TE MIAMI FL 33176		9749 SW 111 TERRACE MIAMI FL 33176							
MIAMI FL 33176							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 03/17/1998		
2 Principal Pi	ace of Business	2a Mailing	2a. Mailing Address				4. FEI Number Applied Fo	or	
21	ace of Business	26					65-092-0362 Not Applic		
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				\$8.75 Addition	al	
22		27					5. Certificate of Status Desired Fee Required		
City & State	9	City & State					6. Election Campaign Financing \$5.00 May Be	,	
23		28		,			Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current year		
24	25	29		30			Intangible Personal Property. Yes No		
	9. Name and Address of Current	Registered A	gent				10. Name and Address of New Registered Agent		
CININ	arajah, harija			}	81	Name			
		82 Stree			Street Add	dress (P.O. Box Number is Not Acceptable)			
71.17.	SW 111 TERRACE								
MIAM	II FL 33176		83						
					84	City	85 Zip Code	-	
					34	City	FL   S   E   S   E   S   E   S   E   S   E   S   E   S   E   S   E   E		
office or i agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Suc tions of, sectio	h change was a n 607.0505, Fl	authorized orida Stat	l by utes	the corporati	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered the appointment as registered the state of the state		
	Signature, typed or printed name of registered egent		<u>'</u>		ed Ag	gent signature req	quired when reinstating) DATE	7	
12.	OFFICERS ANI	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE -	Presibont	_	L DELETE	1.1 TIT			L Change L Ad	dition	
NAME	Harija Sinnara	iali	4	1.2 NA					
STREET ADDRESS				പ		ADDRESS	,		
CITY-ST-ZIP			m' fL3.31			-ZIP			
TITLE	V. President Swakiman. Sin		L DELETE	2.1 TIT			Change Ad	dition	
NAME	SWAKEMON, SIM	naraja	h	2.2 NA					
STREET ADDRESS		)	1014	2.3 STF	REET.	ADDRESS			
CITY-ST-ZIP	9749 6 Will Terr	ET 33	<u> </u>	2.4 CIT		-ZIP			
TITLE			DELETE	3.1 TET			Change Ad	dition	
NAME				3.2 NA		ŀ			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			P	3.4 CIT		-ZIP			
TITLE		-	DELETE	1			Change Ad	dition	
NAME				4.2 NA					
STREET ADDRESS				4.3 ST	REET.	ADDRESS			
CITY-ST-ZIP				4.4 CiT		-ZIP			
TITLE			DELETE	5.1 TIT	ſE		Change Ad	dition	
NAME				5 2 NA				-	
STREET ADDRESS				5.3 STI	REET	ADORESS		1	
CITY-ST-ZIP				5.4 Ci1		-ZIP			
TITLE			DELETE	6.1 TIT			Change Ad	dition	
NAME				6.2 NA	ME				
STREET ADDRESS				6.3 STI	REET	ADDRESS			
CITY-ST-ZIP				6.4 CIT					
indicated of an officer of	on this annual report or supplemental :	annual report is seiver or truste	s true and accu e empowered t	rrate and t	that	my signature	ection 119.07(3)(i), Florida Statutes. I further certify that the information in shall have the same legal effect as if made under oath; that I am equired by Chapter 607, Florida Statutes; and that my name appears		

**SIGNATURE:** 

Bar 279 2500

CRZE034 (5/99)