Applied For

Fee Required

\$5.00 May Be Added to Fees

Yes

Not Applicable \$8.75 Additional

ŒN₀

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000041518

Country

25

1. Corporation Name

City & State

24

WORLD DANCE, SPORTS AND PERFORMING ARTS CONFEDER

ATION, INC.	·			
Principal Place of Business	Mailing Address 1961 PINEHURST ROAD DUNEDIN FL 34698			
1961 PINEHURST ROAD DUNEDIN FL 34698				
2. Principal Place of Business	2a. Mailing Address			
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

28

29

Zip

City & State

9. Name and Address of Current Registered Agent 81 Name

May 03, 1999 8:00 am Secretary of State

05-03-1999 90043 003 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

05/05/1998

*5*9-3513060

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

4. FEI Number

1961 PINEHURST ROAD					1		
		82	Street Address (P.O. Box Number is Not Acceptable)				
DUN	EDIN FL 34698	83			\neg		
				10-1 21: Out -			
		84	City	FL 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		· organization	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_		
TITLE		1.1 TITLE		☐ Change ☐ Addit	ion		
NAME		1.2 NAME					
STREET ADDRESS			ADDRESS				
CITY-ST-ZIP		1.4 CITY-ST-					
TITLE		2.1 TITLE		☐ Change ☐ Addit	ion		
NAME		AME			ĺ		
STREET ADDRESS			ADDRESS		Į		
CITY-ST-ZIP	2.4	CITY-S	T-71P	·	- 1		
TITLE		ITLE		Change Addit	ion		
NAME	321	IAME					
STREET ADDRESS	338	TREET	ADDRESS		ļ		
CITY-ST-ZIP	3.4.	3.4. CITY-S			_		
TITLE	☐ DELETE 4.11	4.1 TITLE		☐ Change ☐ Addit	ian		
NAME	4.2	NAME					
STREET ADDRESS	4.3 8	TREET	ADDRESS		ţ		
CITY-ST-ZIP	4.4.0	ITY-S	-ZIP				
TITLE	DELETE 5.11	TTLE		☐ Change ☐ Addit	ion		
NAME	5.2 N				1		
STREET ADDRESS	5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP		TY-S	r-ZIP				
TITLE	DELETE 6.11	TILE		Change Addit	ion		
NAME	621	IAME			1		
STREET ADDRESS	ADDRESS 6.3 ST		ADDRESS	,	Ì		
CITY+ST+ZIP		6.4 CITY-ST					
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							

Country

30

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, with all other like empowered.

SIGNATURE: