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 # **S32358**

1. Corporation Name

DAYTON	NA DANCE CENTER, INC.							
Principal Plac	ra of Business	Mailing Address				-		3 01 3 1011 (1010 1010 1
Principal Place of Business 2408 S ATLANTIC AVE PO BOX 7714 PO BOX 7714 DAYTONA BCH SHRS FL 32116 Mailing Address 2408 S ATLANTIC AVE PO BOX 7714 DAYTONA BCH SHRS FL 32116 DAYTONA BCH SHRS FL 32116						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed 02/18/1991		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26		·		59-3053538		Not Applicable
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	5 Additional Required
City & Stat	te	City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country 25	Zip 29	30 Co	untry	/	This corporation owes the current year in Personal Property Tax.	Intangible Yes	MNo
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	
004	OTHE AFORAF			81	Name			
GRACZYK, GEORGE 2408 SOUTH ATLANTIC AVENUE			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
DAY	TONA BEACH SHORES FL 32118			83				
		<u>. </u>		84	City	F	L 85 Z	ip Code
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was ons of, Section 607.0505, I	s authorize Florida Stat	d by utes	the corporation	ration submits this statement for the purpose 's board of directors. I hereby accept the app	ointment as	its registered registered
	Signature, typed or printed name of registered agent			Ager	nt signature required v		DIDEC	T000 III 40
TITLE	OFFICERS AND	DELETE	13.	m e		ADDITIONS/CHANGES TO OFFICERS	Chang	
NAME	GRACZYK, GEORGE B		1.2 N		- 1			Je
STREET ADDRESS	A A			T ADDRESS				
CITY-ST-ZIP TITLE	DAYTONA BCH SHS FL 14C		_	11-218		Chang	ge Addition	
NAME		—	2.2 N					,,,
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP					ST-ZIP			}
TITLE		DELETE	3.1 17		51-2IF		☐ Chang	ge Addition
NAME	•		3.2 N					,
STREET ADDRESS	•				T ADDRESS			
CITY-ST-ZIP	* *		l li		ST-ZIP			
TITLE		☐ DELETE	4.1 Ti		51-ZIF		Chang	ge Addition
NAME			4. 2 N	IAMF			`	, <u> </u>
STREET ADDRESS		•			T ADDRESS			
CITY-ST-ZIP			- 1		T-ZIP			
TITLE		☐ DELETE	5.1 Π		, 211		Chang	ge
NAME	•		5.2 N					
STREET ADDRESS			5.3 ST	TREE1	T ADDRESS			
CITY-ST-ZIP	e i light de la company de la		5.4 CI					
TITLE		☐ DELETE	6.1 TT				Chang	ge Addition

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, with all other like empowered.

GNATURE:

GNATURE:

SIGNATURE:

GNATURE:

GNATU

6.2 NAME

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME O

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90019 010 ***150.00

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