Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90064 010 \*\*\*150.00

## 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 # \$70401

WONDE	RFUL WORLD OF DANCING	, INC.						
Principal Plac	e of Business	Mailing Address				t ildi didit didil di		IBII BIJII IBBI
705 A PARK AVE. LAKE PARK FL 33403		705 A PARK AVE. LAKE PARK FL 33403						
					DO NOT WRITE	E IN THIS SPA	CE	
					<ol> <li>Date Incorporated or Qualified</li> <li>07/29/1991</li> </ol>			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Apı	plied For
21		26			65-0278163		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>3.75</b> A Fee Re	dditional quired
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution				
Ζίρ <b>24</b>	Country 25	Zip 29 3	Countr	у	This corporation owes the currer Personal Property Tax.	nt year Intangib		□No
<u> </u>	9. Name and Address of Current	Registered Agent	•		10. Name and Address of New Re	gistered Agen	t	
VAZQUEZ, HERIBERTO P. 705 A PARK AVE.			82		ddress (P.O. Box Number is Not Acceptable	le)		
LAKE PARK FL 33403			83	1				
1								
			84	City		FJ 85	Zip C	ode
11, Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	and 607.1508, Florida Statutes, of Florida. Such change was authons of, Section 607.0505, Florid	the aboverized by a Statutes	re-named c the corpor s.	corporation submits this statement for the paration's board of directors. I hereby accept	urpose of chang the appointmen	ging its it as reg	registered istered
SIGNATURE								
				nt signature rec	quired when reinstating)	DATE		
12.	OFFICERS AND	D DIRECTORS	13. 1.1 TITLE	1	ADDITIONS/CHANGES TO OFFI		RECTO:	RS IN 12 Addition
NAME	VAZQUEZ, HERIBERTO P.		1.2 NAME		•	٠.	n lainge	
STREET ADDRESS	3217 FLORAL AVE			TADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-8	1				
TITLE	VP	☐ DELETE		31-EIF	•	П	hange	Addition
NAME	VAZQUEZ, MARGARET E.		2.2 NAME			_	•	_
STREET ADDRESS			2.3 STREET ADDRESS		\$			•
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		4			
TITLE	ST DELETE		3.1 TITLE		1		hange	☐ Addition
NAME	WORSHAM, KATHERINE B.		3.2 NAME		المراجع والمراجعين والأناف			
STREET ADDRESS	6503 SE WILLIAMSBURG DR, A	PT 103	3.3 STREE	TADDRESS				
CITY-ST-ZIP	HOBE SOUND FL		3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				hange	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	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/with all other like empowered.

5.1 TTLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

2/1/99 (561)844-7200

☐ Change

CR2E034 (11/98)

☐ Addition

☐ Addition