

ANNUAL REPORT  
1995

Florida Department of  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 MAY - 1 PM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 705878 (7)

1. Corporation Name  
SUNTAN ART CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
DON VISTA BLDG. 3300 GULF BLV DON VISTA BLDG. 3300 GULF BLV  
P.O. BOX 66825 P.O. BOX 66825  
ST. PETERSBURG BCH. FL 33736-6825 ST. PETERSBURG BCH. FL 33736-6825

3. Date Incorporated or Qualified 07/10/1963 3a. Date of Last Report 05/01/1994

4. FEI Number 23-7033821 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEUM, JEAN A.  
3580-38TH AVE.S. #93  
ST. PETERSBURG FL 33711

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MILLHOFF, JUNE K.  
STREET ADDRESS 7400 SUN ISLAND DR.  
CITY - ST - ZIP PASADENA FL

1.1 TITLE P. D.  Change  Addition  
1.2 NAME Patsi Agüero  
1.3 STREET ADDRESS 2813 56th STS  
1.4 CITY - ST - ZIP Gulfport, FL 33707

TITLE SD  
NAME WILLIAMS, SANDRA  
STREET ADDRESS 1020TH ST. E  
CITY - ST - ZIP TIERRA VERDE FL

2.1 TITLE VD  Change  Addition  
2.2 NAME Sharon Pascarella  
2.3 STREET ADDRESS 10104 Yacht ClubDA.  
2.4 CITY - ST - ZIP TREASURE Island FL 33706

TITLE YD  
NAME BEUM, JEAN  
STREET ADDRESS 3580-38TH AVE #93  
CITY - ST - ZIP ST. PETERSBURG FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jean A. Beum JEAN A. BEUM

4/24/95

(813) 867-9134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Area 1 Phone #)