

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S71127** (2)
1. Corporation Name
EZ TAN FRANCHISE SYSTEMS, INC.



Principal Place of Business: **21073 POWERLINE ROAD SUITE 63 BOCA RATON FL 33433**
Mailing Address: **21073 POWERLINE ROAD SUITE 63 BOCA RATON FL 33433**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	06/01/1991		01/05/1996
4.	FET Number	Applied For	
	65-0292332	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
ARNESANO, DAVID
21073 POWERLINE ROAD
SUITE 63
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

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 607.0503, Florida Statutes.

SIGNATURE _____
Signature typed or printed name of registered agent and state of residence: _____ (FET) Registered Agent's grant or resignation when resigning: _____ (DATE)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	ARNESANO, DAVID	
STREET ADDRESS	21073 POWERLINE RD #63	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	
NAME	ARNESANO, JOSEPH	
STREET ADDRESS	21073 POWERLINE RD #63	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	
NAME	ARNESANO, BETH	
STREET ADDRESS	21073 POWERLINE RD #63	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11	TITLE		
12	NAME		
13	STREET ADDRESS		
14	CITY-ST-ZIP		
21	TITLE		
22	NAME		
23	STREET ADDRESS		
24	CITY-ST-ZIP		
31	TITLE		
32	NAME		
33	STREET ADDRESS		
34	CITY-ST-ZIP		
41	TITLE		
42	NAME		
43	STREET ADDRESS		
44	CITY-ST-ZIP		
51	TITLE		
52	NAME		
53	STREET ADDRESS		
54	CITY-ST-ZIP		
61	TITLE		
62	NAME		
63	STREET ADDRESS		
64	CITY-ST-ZIP		

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JR

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 119.07(3)(k), 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.

SIGNATURE: _____
Signature typed or printed name of signing officer or director: **President 322-96 (400) 479-8105**

CR2E034 (12/95)