


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90201 011 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 705878</b>					
1. Corporation Name <b>SUNTAN ART CENTER, INC.</b>					
Principal Place of Business DON VISTA BLDG. 3300 GULF BLV P.O. BOX 6825 ST. PETERSBURG BCH. FL 33736-6825			Mailing Address DON VISTA BLDG. 3300 GULF BLV P.O. BOX 6825 ST. PETERSBURG BCH. FL 33736-6825		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/10/1963	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7033821	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE				Signature, typed or printed name of registered agent and title if applicable (NO: E Registered Agent signature required when reinstating)				DATE							
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	<input checked="" type="checkbox"/> DELETE						1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME	JADS, ROBERT J							1.2 NAME	Johnnie Patterson						
STREET ADDRESS	300.64 AVE., APT. 120							1.3 STREET ADDRESS	10015 Yacht Club DR S						
CITY-ST-ZIP	ST. PETE BEACH FL							1.4 CITY-ST-ZIP	Treasure Island, FL 33706						
TITLE	VPD	<input checked="" type="checkbox"/> DELETE						2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME	BUTTS, FREDERICK							2.2 NAME	Alice Szezepanski						
STREET ADDRESS	11605 3RD ST. E., #205							2.3 STREET ADDRESS	2870 Alton DR						
CITY-ST-ZIP	TREASURE ISLAND FL							2.4 CITY-ST-ZIP	St Pete Beach FL 33706						
TITLE	TD	<input type="checkbox"/> DELETE						3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	BEUM, JEAN							3.2 NAME							
STREET ADDRESS	3580-38TH AVE #93							3.3 STREET ADDRESS							
CITY-ST-ZIP	ST. PETERSBURG FL							3.4 CITY-ST-ZIP							
TITLE	STD	<input checked="" type="checkbox"/> DELETE						4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME	STONE BANKS, JOHN							4.2 NAME	Eliane Anagnos						
STREET ADDRESS	4615 GULF BLVD, #104-109							4.3 STREET ADDRESS	1620A ROYAL PALM DR						
CITY-ST-ZIP	ST. PETER BEACH FL							4.4 CITY-ST-ZIP	Gulfport FL 33707						
TITLE	SD	<input checked="" type="checkbox"/> DELETE						5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	GHISS, DOLLY							5.2 NAME							
STREET ADDRESS	87-43TH AVE							5.3 STREET ADDRESS							
CITY-ST-ZIP	ST-PETE BEACH FL							5.4 CITY-ST-ZIP							
TITLE		<input checked="" type="checkbox"/> DELETE						6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								6.4 CITY-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 617, 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:** JEAN A. BEUM **REQUIRED** JEAN A. BEUM 4/22/99 827 867-9134  
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (1/98)