

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90008 003 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999

DOCUMENT # H17240

1. Corporation Name  
THE BRONZE LADY, INC.

Principal Place of Business  
12957 GULF BLVD. EAST  
MADEIRA BEACH FL 33708

Mailing Address  
12957 GULF BLVD. EAST  
MADEIRA BEACH FL 33708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 12957 Village Blvd
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 City & State
24 Country	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified	08/20/1984
4. FEI Number	59-2439926
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BRAWNER, LYNDL  
506 LILLIAN DRIVE  
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name	Tara Meyers
82 Street Address (P.O. Box Number is Not Acceptable)	9403 Arbol Ct.
83	
84 City	Largo
85 Zip Code	FL 33773

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 Tara Meyers  
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRAWNER, LYND'L K.	
STREET ADDRESS	506 LILLIAN DRIVE	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENZ, ROBERT	
STREET ADDRESS	8235 127th LANE N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lyn Brawner	
1.3 STREET ADDRESS	24140 POWELL RD.	
1.4 CITY-ST-ZIP	Brooksville, FL 34602	
2.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Benz	
2.3 STREET ADDRESS	8235 127th LANE N	
2.4 CITY-ST-ZIP	Seminole, FL	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tara Meyers	
3.3 STREET ADDRESS	9403 Arbol Ct.	
3.4 CITY-ST-ZIP	Largo, FL 33773	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: Tara Meyers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 727-398-5994  
Date Date/Time Phone #