


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

**APPROVED  
AND  
FILED**

95 APR 21 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # H55042 (6)</b> 1. Corporation Name <b>TAN WORLD, INC.</b>		

Principal Place of Business <b>21073 POWERLINE RD. SUITE 63 BOCA RATON FL 33433-2311</b>	Mailing Address <b>21073 POWERLINE RD. SUITE 63 BOCA RATON FL 33433-2311</b>
---	---

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>05/03/1985</b>	3a. Date of Last Report <b>04/14/1994</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2544499</b>	Applied For Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		7. 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  <b>ARNESANO, JR., JOSEPH 17688 TIFFANY TRACE APT. PH-1503 BOCA RATON FL 33487</b>		10. Name and Address of New Registered Agent  01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City 05 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent (not the 4 applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>ARNESANO, JOSEPH JR.</b>	1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>21073 POWERLINE RD. #63</b>	CITY - ST - ZIP <b>BOCA RATON FL</b>	1 2 NAME	
		1 3 STREET ADDRESS	
		1 4 CITY - ST - ZIP	
TITLE <b>SD</b>	NAME <b>ARNESANO, BETH</b>	2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>21073 POWERLINE RD. #63</b>	CITY - ST - ZIP <b>BOCA RATON FL</b>	2 2 NAME	
		2 3 STREET ADDRESS	
		2 4 CITY - ST - ZIP	
TITLE <b>VD</b>	NAME <b>ARNESANO, DAVID</b>	3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>21073 POWERLINE RD. #63</b>	CITY - ST - ZIP <b>BOCA RATON FL</b>	3 2 NAME	
		3 3 STREET ADDRESS	
		3 4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>ARNESANO, JANCE</b>	4 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>21073 POWERLINE RD. #63</b>	CITY - ST - ZIP <b>BOCA RATON FL</b>	4 2 NAME	
		4 3 STREET ADDRESS	
		4 4 CITY - ST - ZIP	
TITLE	NAME	5 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5 2 NAME	
CITY - ST - ZIP		5 3 STREET ADDRESS	
		5 4 CITY - ST - ZIP	
TITLE	NAME	6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6 2 NAME	
CITY - ST - ZIP		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 119.07(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:  DATE: **1-20-95**