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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J26058

E-Z TAN, INC.

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90004 020 \*\*\*300.00

Principal Place of Business Mailing Address						1 (Mail (S. Mille 1981) Mill Mills Stide (Mill Arbit 2191) every deligit deligit (Anni	
21073 POWERI	LINE RD., SUITE 63	21073 POWERLINE RD	SUITE 63				
BOCA RATON	FL 33433	BOCA RATON FL 33433				DO NOT WRITE IN THIS SPACE	
		-				3. Date Incorporated or Qualified	
						07/23/1986	
2 Princinal F	Place of Business	2a. Mailing Address				4. FEI Number Applied For	
21	lace of Business	26				59-2544499 Noi Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22	,	27				5. Certifcate of Status Desired Fee Required	
City & 5-ta	te	City & State				6. Electic n Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	Country		8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
	9. Name and Address of Curren	Registered Agent				10. Name and Address of New Registered Agent	
4 /44	JECANO DAVID			81	Name		
ARNESANO, DAVID				82 Street Address (P.O. Box Number is Not Acceptable)			
	66 TIFFANY TRACE						
ROC	CA RATON FL 33487			83			
			}	84	City	85 Zip Code	
					-	rporation submits this statement for the purpose of changing its registered	
SIGNATUFIE	Signature, typed or printed name of registered ager	and title if applicable. (NO	_ <u> </u>	Agent	signature require	ired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		DIRECTORS DELETE	13.	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ADMICANO IOCEDII ID	₩ DEFEIR				O analigo C protection	
NAME	ARNESANO, JOSEPH JR.		1.2 NA		ADDDEED		
STREET ADDRESS	21073 POWERLINE RD. #63 BOCA RATON FL				ADDRESS		
CITY-ST-ZIP	SD SD	☐ DELETE	1.4 CIT 2.1 TIT		-ZIP	Change Addition	
TITLE		- Detterie	2.1 NA				
NAME	ARNESANO,BETH 21073 POWERLINE RD. #63				ADDRESS		
STREET ADORESS	BOCA RATON FL		I I		1		
CITY-ST-ZIP	VTD	☐ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	ARNESANO, DAVID	<u></u>	3.2 NA			_ · · _	
STREET ADDRESS	ALATA BOUNEDLINE DO KAO			3.3 STREET ADD			
CITY-ST-ZIP	BOCA RATON FL			34. CITY-ST-ZIP			
TITLE	VD	DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	ARNESANO, JANICE		4.2 N/	4. 2 NAME			
STREET ADDRESS	ALATA BOULEDINE DD #00		43 ST	4.3 STREET AL			
CITY-ST-ZIP	BOCA RATON FL		4.4 CIT	4.4 CITY- \$T-ZIP			
TITLE		☐ DELETE		5.1 TITLE		Change Addition	
NAME			5.2 NA	ME			
STREET ADDRESS	s		5.3 ST	REET	ADDRESS		
CITY-ST-ZIP			5 4 CIT	Y-ST	-ZIP		
TITLE		☐ DELETE	6.1 TIT	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NA	ME			
STREET ADDRESS	3		6.3 ST	REET	ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-ST	-ZIP		

if y to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information if accurate and that my signature shall have the same legal effect as if made under oath; that I am an ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereb / certify that the information supplied with this filing does not qualindicated on this annual report or supplemental minual report is true and officer or director of the corporation of the regeliver or trustee empowers Block 12 or Block 13 if openged or on an adjachment with an address. th all other like en

SIGNATURE:

ED OR I RINTED NAME OF SIGNING OFFICER OR DIRECTOR