

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

FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J61307 (1)  
1. Corporation Name  
TANNING CENTERS OF FLORIDA, INC.

Principal Place of Business  
6775 NEWBERRY ROAD, SUITE #5-C  
GAINESVILLE FL 32605

Mailing Address  
6775 NEWBERRY ROAD, SUITE #5-C  
GAINESVILLE FL 32605-4312



2. Principal Place of Business  
21 6783 NEWBERRY RD  
Suite, Apt. #, etc.  
22  
City & State  
23 GAINESVILLE, FL  
Zip  
24 32605 Country  
25 USA  
2a. Mailing Address  
26 6783 NEWBERRY RD  
Suite, Apt. #, etc.  
27  
City & State  
28 GAINESVILLE, FL  
Zip  
29 32605 Country  
30 USA

3. Date Incorporated or Qualified  
03/06/1987  
3a. Date of Last Report  
04/24/1996  
4. FEI Number  
59-2792024  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARLOW, ELIZABETH  
6775 NEWBERRY RD  
GAINESVILLE FL 32605

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 607.1518, 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 Elizabeth Marlow ELIZABETH MARLOW 4-22-97  
Signature, typed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOW, ELIZABETH	1.2 NAME	
STREET ADDRESS	6775 NEWBERRY ROAD #5-C	1.3 STREET ADDRESS	6783 NEWBERRY RD.
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOW, GREGORY L.	2.2 NAME	
STREET ADDRESS	6775 NEWBERRY ROAD #5-C	2.3 STREET ADDRESS	6783 NEWBERRY RD.
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do 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.

SIGNATURE Elizabeth Marlow ELIZABETH MARLOW 4-22-97 352-3315

CR2E034 (9/96)