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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham,

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L56454

(6)

	JR TANNING INC.	4 (6)						
Principal Place of Büsiness		Mailing Address				I HORNON DON ONNE ONEN GLOOT DINN OLD GHON EIE		
500 SEABREEZE BLVD DAYTONA BEACH FL 32118 US		2305 S PALMETTO AVE DAYTONA BEACH FL 32119-3009 US						
					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 03/07/1990		
2. Principal Place of Business		2a, Mailing Address				4, FEI Number		Applied For
Suite, Apt.	# Alc	Suite, Apl. #, etc.				59-3026029		Not Applicable  Additional
22	n, ow.	27				5. Certificate of Status Desired		Required
City & State	9	City & State				6. Election Campaign Financing	\$5.0	O May Be
23	28					Trust Fund Contribution		d to Fees
Zip	Country	Zip Tall 1	<del>-</del>	untry		8. This corporation owes or has paid the cu		
24	25 9. Name and Address of Curre	29 Agent	30	7		Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes	∐ No
DOREMUS, NEIL L.				81	Name	10. House and Montes of Hote Hediotolog	Ago III	
2305 PALMETTO AVE.				Chrock Add	(D.O. Day Mumbaria Net Assemble)			
	DAYTONA FL 32119		82		Stieet Addi	ress (P.O. Box Number is Not Acceptable)		
				83				
				B4	City	FL	85 Zi	p Code
SIGNATURE	Signature typed or printed many frequency fact	lether 1016 it appy 1018 (NO				poration submits this statement for the purpose of tion's board of directors. I hereby accept the application of the purpose of the second of directors. I hereby accept the application of the purpose o	of changing pointment	g its registered as registered
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DOREMUS, NEIL L.	☐ DELETE		1.1 1014			Change	e L Addition
NAME STREET ADDRESS	2305 PALMETTO AVE.			1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	S. DAYTONA FL		- 6	)  Y-S  -	í			
TITLE	DELETE			2.1 TITLE			Change	e 🔲 Addition
NAME			2.2 N	IAME				
STREET ADDRESS			2.3 S	STREET A	.DDRESS			
CITY+ST-ZIP				CITY-SI	- 7IP		T-0	
TITLE				TLE			Change	e 🔲 Addition
NAME STREET ADDRESS			32 N		DUBLEE			
CITY-ST-ZIP				TREET A	ì			
TITLE			TILE	- F.II		☐ Change	e Addition	
NAME			4.21	NAME			_	
STREET ADDRESS			4.3 S	TREET A	DDRESS			
CITY-ST-ZIP			4.4 0	ITY-ST	71P		··-	~ <del>_</del>
TITLE		DELETE	511				Change	a 🔲 Addition
NAME			5.2 N					
STREET ADDRESS					DORESS			
CITY-ST-ZIP		The state	5.4 C	ITY-ST-	ZIP		7-3 60	

14. Thereby 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.

6.2 NAME

6.3 STREET ADDRESS

CICKIATURE.

NAME

STREET ADDRESS

New of Novemen

One

3/16/98

**FILED** 

May 18 1998 8:00am

Secretary of State