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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000003382 (8) DOCUMENT # 1. Corporation Name

TAN SYSTEMS II, INC.

STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an

CITY-ST-ZIP

Principal Place of Business Mailing Address 130 SOUTH SEMORAN BLVD 1255 BELLE AVENUE ORLANDO FL 32807 SUITE 186 WINTER SPRINGS FL 32708-1901 3. Date Incorporated or Qualified 3a. Date of Last Report 11/10/1992 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3154041 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Г 28 Trust Fund Contribution Added to Fees Zip Country Country Zin 8. This corporation has liability for intangible tax under s. 199.032. 24 Yes No 25 29 30 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FIELDS, RICHARD J 215 N. EOLA DR. Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32801 83 84 City 85 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** (NOT). Registered Agent signature required when reinstallig) Signature, typed or printed name of mge tered agent and little if applicable DATE 12. OFFICERS AND DIFFICTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)PDVS DELETE TITLE Change Addition 1.3 TO LE PICERNE, GWYN R NAME 1.2 NAME 1255 BELLE AVE SUITE 186 STREET ADORESS 1.3 STREET ADDRESS WINTER SPRINGS FL 1.4 CITY - ST - ZIP DELETE TITEE Change Addition 2.1 IIII £ 2.2 NAMI STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIF DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 SIREET ADDRESS CITY-ST-ZIP 3.4. CHY-\$1-ZIP DECETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAMU STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE ___ Change Addition 5.1 10H.6 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP DELETE TITLE 6.1 101.6 Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

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

attachment with an address.

information indicated on this armual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 29 1997 8:00am

Secretary of State