

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 # P92000005555

1. Corporation Name

THE SUNTAN CENTER OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

7101-31 CYPRESS LAKE DRIVE
FORT MYERS FL 33907

Mailing Address

7101-31 CYPRESS LAKE DRIVE
FORT MYERS FL 33907

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90048 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1992

4. FEI Number

65-0376662

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 owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

21 12951 METRO PKWY

2a. Mailing Address

26 P.O. BOX 7212

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #8

City & State

City & State

23 FORT MYERS, FL

Zip

Country

Zip

Country

24 33912

25 LEE

29 33911

30 LEE

9. Name and Address of Current Registered Agent

LUNDQUIST, VERNON
7101-31 CYPRESS LAKE DR.
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

LUNDQUIST, VERNON

82 Street Address (P.O. Box Number is Not Acceptable)

12951 METRO PKWY

83

METROPOLIS CENTER SUITE #8

84 City

FORT MYERS, FL

85 Zip Code

33912

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 VERNON LUNDQUIST

(NOTE: Registered Agent signature required when reinstating)

4-9-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTSD
NAME LUNDQUIST, VERNON
STREET ADDRESS PO BOX 7212 N/A
CITY-ST-ZIP FT. MYERS FL 33911

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VERNON LUNDQUIST

4-9-99

941-561-8585

Date

Daytime Phone #

CR2E034 (11/98)