

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
JANICE B. MONTAGNA
Secretary of State
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

DOCUMENT # **P93000056364 (1)**

93 MAY 10 AM 10:25

TROPICAL TAN OF DUNEDIN, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **GUY PLAZA
1140 MAIN ST UNIT 7
DUNEDIN FL 34698**

Mailing Address: **GUY PLAZA
1140 MAIN ST UNIT 7
DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE

2. Filing Type: 1		2a. Mailing Address:		3. Date Incorporated or Reincorporated: 08/09/1993		3b. Date of Last Report: 05/01/1994	
21. State of Incorporation: FL		26. State of Mailing: FL		4. FEI Number: 59-3197249		Applied Fee: Not Applicable	
22. City: DUNEDIN		27. City: DUNEDIN		5. Certificate of Status Desired: ☐		\$8.75 Additional Fee Required	
23. County: DUNEDIN		28. County: DUNEDIN		6. Election Campaign Financing: ☐		\$5.00 May Be Added to Fees	
24. Zip: 34698		29. Zip: 34698		8. This corporation has liability for intangible tax under § 199 (1)(2) Florida Statutes: ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHRODE, RODNEY L 1709 MAIN ST SUITE 15 DUNEDIN FL 34698				81. Name:			
				82. Street Address (P.O. Box Number is Not Acceptable):			
				83. City:			
				84. State: FL			

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a registered agent or location 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 a resident of the State of Florida.

SIGNATURE: *Rodney L. Shrode* President *Rodney L. Shrode* - President 5-5-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
1. NAME: SHRODE, RODNEY L	1. NAME: ☐ Change ☐ Addition	2. NAME: ☐ Change ☐ Addition	2. NAME: ☐ Change ☐ Addition
2. STREET ADDRESS: 1709 MAIN ST SUITE 15	3. NAME: ☐ Change ☐ Addition	3. NAME: ☐ Change ☐ Addition	3. NAME: ☐ Change ☐ Addition
3. CITY: DUNEDIN	4. NAME: ☐ Change ☐ Addition	4. NAME: ☐ Change ☐ Addition	4. NAME: ☐ Change ☐ Addition
4. STATE: FL	5. NAME: ☐ Change ☐ Addition	5. NAME: ☐ Change ☐ Addition	5. NAME: ☐ Change ☐ Addition
5. ZIP: 34698	6. NAME: ☐ Change ☐ Addition	6. NAME: ☐ Change ☐ Addition	6. NAME: ☐ Change ☐ Addition
6. NAME: SHRODE, RODNEY L	7. NAME: ☐ Change ☐ Addition	7. NAME: ☐ Change ☐ Addition	7. NAME: ☐ Change ☐ Addition
7. STREET ADDRESS: 1709 MAIN ST SUITE 15	8. NAME: ☐ Change ☐ Addition	8. NAME: ☐ Change ☐ Addition	8. NAME: ☐ Change ☐ Addition
8. CITY: DUNEDIN	9. NAME: ☐ Change ☐ Addition	9. NAME: ☐ Change ☐ Addition	9. NAME: ☐ Change ☐ Addition
9. STATE: FL	10. NAME: ☐ Change ☐ Addition	10. NAME: ☐ Change ☐ Addition	10. NAME: ☐ Change ☐ Addition
10. ZIP: 34698	11. NAME: ☐ Change ☐ Addition	11. NAME: ☐ Change ☐ Addition	11. NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(3)(b), Florida Statutes. I further certify that the information included 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 a person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this filing.

SIGNATURE: *Rodney L. Shrode* President *Rodney L. Shrode* - President 813-738-6880
5/5/95

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CORPORATION,
ANNUAL REPORT
1995



DEPARTMENT OF STATE
JENNIFER M. SHAW
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # P93000056559 (6)

SANDTRUST OF MIAMI BEACH, INC.

RECEIVED JAN 10 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: 7877 S.W. 105TH PLACE
MIAMI FL 33173
Mailing Address: 7877 S.W. 105TH PLACE
MIAMI FL 33173

2. Fiscal Year (Month)		2b. Mailing Address		3. Date of Report (Month/Day/Year)	3a. Date of Last Report
21		26		08/11/1993	10/03/1994
22		27		4. FET Number	APPLIED FOR 65-0521496
23		28		5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
25		30		8. This Corporation has liability for election law under § 189.039 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FREEDMAN, SANFORD A 11900 BISCAYNE BLVD. STE.780 NORTH MIAMI FL 33181				01	Name		
				02	Street Address (P.O. Box Number is Not Applicable)		
				03			
				04	City		
				FL	05	Zip Code	

11. Pursuant to the provisions of Sections 607 and 608, 1900, 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, if any, or by the appointment of a registered agent, if any, and to accept the obligations of Section 607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
01	D SERVAN, CAROLE E 5700 COLLINS AVE., PENTHOUSE C MIAMI BEACH FL 33141	01	D SERVAN, CAROLE E 7877 SW 105 PLACE MIAMI FL 33173
02		02	
03		03	
04		04	
05		05	
06		06	
07		07	
08		08	
09		09	
10		10	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, 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 registered agent or the person who caused this report to be prepared by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] CAROLE EMMERLE SERVAN 05/23/95 (305) 546 7574