SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400004597 (8)

CHIC TANNING CENTER, INC.

Principal Place of Business

Mailing Address

SEAN CALE MADRY INCHANCE MORTH

FILED 97 AUG 19 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



TAMPA FL 33614				TAMPA FL 33614			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified	3a. Date	of Las	st Report	
							01/20/1994		06/10/1996		
2.	2. Principal Place of Business 2e. Mailing Address						4. FEI Number			Applied For	
21]		26	26			59-3222914			Not Applicab	Ð
22	Sulte, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	5 Additional Required	
23	City & State		City & Stal	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees	
24	Zip	Country 25	Zip 29	Gour 30	ntry		This corporation owes or has participated Property Tax due June	·	nt year Yes	r Intangible	
	9, Nam	e and Address of Cu	rrent Registered Ager	nt	10. Name and Address of New Registered Agent						
PRIEDE, ANDREW R 7536 DALE MABRY HWY NORTH TAMPA FL 33614					82 Street Address (P.O. Box Number is Not Acceptable)						
			Ī	83							
				<u>-</u>	84	City		FL	85 2	Zip Code	7
11							pration submits this statement for the pon's board of directors. I hereby accep				

agent, I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

SIGNATURE		· · · · · · · · · · · · · · · · · · ·				
	Signature, typed or printed name of registered agent and title if applications of the state of t	ile. (NOTE F	Registered Agent signature re	ADDITIONS/CHANGES TO OFF	DATE	IC IN 40
12.	OFFICERS AND DIRECTORS	T DOLLTE	13.	ADDITIONS/CHANGES TO OFF		
TITLE	PSTD	DELETE	1.1 TITLE		L Change	Addition
NAME	PRIEDE, ANDREW R		1.2 NAME			
STREET ADDRESS	7536 DALE MABRY HWY NORTH		1.3 STREET ADDRESS			
CITY-ST-ZIP	<u>Tampa FL 33614</u>		1.4 CITY - S1 - ZIP			
TITLE	VD	DELETE	2.1 TOLE		☐ Change	Addition
NAME	PRIEDE, ANDREW		2.2 NAME			
STREET ADDRESS	7536 DALE MABRY HWY NORTH		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33614	·	2 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME	700002	275237	57
STREET ADDRESS			3.3 STREET ADDRESS	700002; -08/22	79701105	006
CITY-S ZIP			3.4. CITY-ST-ZIP	*****1	65.00 ***±1! ☐ Change	รริ.กก
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TOTLE		\\\\□ Change	Addition
NAME			52 NAME		1W/ ~ L	<i>\(\(\)</i>
STREET ADDRESS			5.3 STREET ADDRESS		2/11)	•
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u> </u>	
TITLE		DELETE	6.1 TITLE		U ☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-\$1-7IP			

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report asyrequired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 # ehanged. From an attachment with an abdress.

12.100



TANNING STUDIO, INC.

Enclosed is my application for Enclosed is my application for I the Fee for all 5.00. I renewal and the first notice and received as soon as received as soon as received and responding atice. Please that I the second notice. Flease that I the second notice, fact notice, anoust due to my first notice.

Anoust due to my first notice.

Thank You

Andrew R. Priede