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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000028664 (8) **DOCUMENT #**

1. Corporation Name

YUCANTAN TANNING & NAILS SALON, INC.



Principal Place of Business Mailing Address						1 18 11 12 11 11 11 11 11 11 11 11 11 11 11	*** 8 8 10 7 7 8 17 8 1		A		
12959 FORESTEDGE CIR 12959 FOREST ORLANDO FL 32828 ORLANDO FL											
						3. Date Incorporated or Qualified 04/13/1994	3a. Date	of Last)5/01/			
Principal Place of Business 21			. Mailing Address				4. FEI Number 59-3232454	Applied For Not Applicable			
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
23		29	Zip Country			,	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ✓es ☐No				
24	stered Agent				10. Name and Address of New Registered Agent						
	9. Name and Address of Curren	810			81	Name					
GREGOIRE, INGRID A						Street Add	ress (P.O. Box Number is Not Acceptable)				
12959 FORESTEDGE CIR ORLANDO FL 32828					83						
					84	'		FL		Zip Code	
or registere familiar with	ed agent, or both, in the State of Florich, and accept the obligations of, Sect	ion 607	.0505, Florida Statutes.	d by tree	COIL	DOIATION'S DOI	oration submits this statement for the pu and of directors. I hereby accept the app and when renstating)	DATE			
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OF				
TITLE	D		☐ DELETÉ	1, 1	TITLE			[Chan	ge 🔲 Addition	
NAME	GREGOIRE, INGRID A			1.2 M	NAME						
STREET ADDRESS	12959 FORESTEDGE CIR			1.3 5	STREE	t address					
CITY - ST - ZIP	ORLANDO FL 32828			1.4 (CITY-	ST-ZIP					
TITLE	D		☐ DELETÉ	2 1	TITLE			[Chan;	ge 🔲 Addition	
NAME	GREGOIRE, JAMES G			221	NAME						
STREET ADDRESS	12959 FORESTEDGE CIR			2.3 \$	STREE	T ADDRESS					
C:1Y-ST-ZIP	ORLANDO FL 32828					ST-ZIP			Chan	ge	
TITLE			☐ DELETE	1	TITLE			,		ac Thransie	
NAME					NAME	i					
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP			DELETE		TITLE	ST-ZIP			Char	ge Addition	
TITLE			ресече	- 1	NAME						
NAME						ET ADDRESS					
SCHEET ADDRESS	l					ST-ZIP					
CITY-ST-ZIP			☐ DELETE		TITLE				☐ Char	ge Addition	
TITLE			LJ 555516		NAME						
NAME						ET ADDRESS					
STREET ADDRESS						-ST-ZIP					
CITY-ST-ZiP			DELETE	_	TITLE				Char	ige Addition	
TITLE			<u> </u>		NAME						
NAME CYCL LADOPESC						ET ADDRESS					
STREET ADDRESS					STILL						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE:

407 696-8267