SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000057695 (6)

1. Corporation Name

SUNSIZZLE TANNING SALON, INC.

Principal Place of Business
1155 PASADENA AVE S
UNIT C
ST PETE FL 33707
US

Mailing Address
1155 PASADENA AVE S
UNIT C
ST PETE FL 03370
US

3. Date Incorporated or Qualified: 08/03/1994
3a. Date of Last Report: 07/25/1995
4. FEI Number: 59-3260201 — [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [✓] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28 ST PETE FL 33707
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

HANEY, BELINDA J
7150 34TH AVE. NORTH
ST. PETERSBURG FL 33710

10. **Name and Address of New Registered Agent**

81 Name: KATHLEEN A McGUGAN
82 Street Address (P.O. Box Number is Not Acceptable): 7026 GREVILLA AVENUE #B
83
84 City: SOUTH PASADENA FL 85 Zip Code: 33707

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: KATHLEEN A McGUGAN, PRESIDENT — Kathleen McGugan — 7-8-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	[✓] DELETE
NAME	HANEY, BELINDA J	
STREET ADDRESS	7150 34TH AVE. NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	[✓] DELETE
NAME	SIMS, JOANIE LYNN M	
STREET ADDRESS	6017 23RD AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	[ ] Change [✓] Addition
1.2 NAME	KATHLEEN A McGUGAN	
1.3 STREET ADDRESS	7026 GREVILLA AVENUE #B	
1.4 CITY-ST-ZIP	SOUTH PASADENA FL 33707	
2.1 TITLE	S	[ ] Change [✓] Addition
2.2 NAME	DAVID T McGUGAN	
2.3 STREET ADDRESS	10275 GULF BOULEVARD #405	
2.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
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		

CR2E034 (3/96)

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)(x), 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: KATHLEEN A McGUGAN — Kathleen McGugan — 7-8-96 — (813) 343-7449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #