## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000071938 (2)

FLORIDA TANNING SYSTEMS, INC.

Principal Place of Business Mailing Address

**FILED** Apr 09 1998 8:00am Secretary of State

1723 NORTH COMMERCE AVE ST PETERSBURG FL 33716 US	1723 NORTH COMMERCE AVE ST PETERSBURG FL 33716 US		DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE
			09/27/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21) 2442 23 <sup>rd</sup> 5+. N	26 2442 23" St	r. N	59-3271216	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  23 St. Petersburg, FL	City & State  28 St - Petersburg	FL.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33713 25 USA	29 33713 30	Untry VSA		Yes XNo
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
PEREZ, FERNANDO III		81 Name		
315 E. MADISON ST., SUITE 1000 TAMPA FL 33802		82 Street Addr	2 Street Address (P.O. Box Number is Not Acceptable)	
TAMEN I E GOODE		83		
		84 City	FI	85 Zip Code

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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1,1 TITLE HENKEMANS, RENINT T. NAME 1.2 NAME 1723 NORTH COMMERCE AVE STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition 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 supplymental firmual 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 of the recover 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 changes for the recover 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 changes for the corporation of the corporati

SIGNATURE:

<u>(813) 825-0400</u>