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

Mailing Address

2442 23RD ST N.

ST PETERSBURG FL 33713

PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000071938

1. Corporation Name

Principal Place of Business

ST PETERSBURG FL 33713

2442 23RD ST N.

FLORIDA TANNING SYSTEMS, INC.

US		US.				DO NOT WRITE IN THIS	SPACE		
			•			3. Date Incorporated or Qualifed			
	•					09/27/1994		·	
2 Principal P	lace of Business	2a. Mailing A	Address			4. FEI Number	App	olied For	3
	1000 01 20011202	26				59-3271216	Not	Applicable	13030
Suite, Apt.	# atc	Suite, Ap	nt # etc.			_	\$8.75 A	dditional .	'n
- 	#, etc.		7. H, G.G.			5, Certificate of Status Desired	Fee Rec		
22		27 City & St	lato			6. Election Campaign Financing	\$5.00 1	May Bo	
City & State	6	— ·	iate			Trust Fund Contribution	Added to		
23		28		Court					
Zip	Country	Zip		Counti	у	8. This corporation owes the current year In	tangible ☐ Yes	EQ No	
24	25	29	30	L.,_		Personal Property Tax.		300	
	9. Name and Address of Current					10. Name and Address of New Registered	Agent		
	1 12 St A23 2		,	8	1 Name	•		1	
PER	EZ, FERNANDO III			8	2 Street Add	iress (P.O. Box Number is Not Acceptable)			
315	E. MADISON ST., SUITE 1000			ľ	Z Olicel Alde	The state of the s	Standart with	6.44 <u>. 1659</u> 1 83 4	
TAM	PA FL 33602			8	3	·	11000	第一段	
					<u> </u>		135.266 [18]	相相關問題	
				8	4 City	FL	85 Zip C	ode .	
6450 0000 88	54°	<u> </u>	1			· -	<u>- 1 </u>		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508,	Florida Statutes,	the abo	ve-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	r changing its i intment as rec	istered	
office or r	registered agent, or both, in the State t im familiar with, and accept the obligat	tions of Section 6	307.0505, Florida	Statute	s.	dita bodia di diadola i no day 2000 pe da appe			
-	int familiar that, give accept the senger	,				•			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Rec	gistered Ag	ent signature require	ed when reinstating) DATE			á
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	41/08
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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 suppliemental approach 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 postee 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 attack ment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90007 023 ***150.00