

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

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P95000005838 (4)**

1. Corporation Name  
**TINT HEAVEN, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>212 LIVE OAK BLVD.<br/>                 BLDG. 2<br/>                 CASSELBERRY FL 32707</b> | Mailing Address<br><b>P.O. BOX 520510<br/>                 LONGWOOD FL 32752-0510</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/19/1995</b>   | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| 4. FEI Number<br><b>59-3282204</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt #, etc.<br>23 City & State<br>24 Zip<br>25 Country | 2a. Mailing Address<br>26 Suite, Apt #, etc.<br>27 City & State<br>28 Zip<br>29 Country<br>30 |
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|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><b>BOWERS, CATHY A<br/>                 469 SPRINGWOOD COURT<br/>                 LONGWOOD FL 32750</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |
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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: Cathy A. Bowers DATE: 4-22-97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                     |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|---------------------------------|---|---|
| TITLE<br><b>P</b>                              | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>BOWERS, CATHY A</b>                 |                                 | 1.2 NAME  |   |
| STREET ADDRESS<br><b>469 SPRINGWOOD COURT.</b> |                                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br><b>LONGWOOD FL 32750</b>        |                                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE<br><b>VP</b>                             | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>CHIPELLI, DANIEL</b>                |                                 | 2.2 NAME  |   |
| STREET ADDRESS<br><b>948 ROSETTA CT.</b>       |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br><b>DELTONA FL 32725</b>         |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 3.2 NAME  |   |
| STREET ADDRESS                                 |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                    |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 4.2 NAME  |   |
| STREET ADDRESS                                 |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                    |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 5.2 NAME  |   |
| STREET ADDRESS                                 |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                    |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 6.2 NAME  |   |
| STREET ADDRESS                                 |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                    |                                 | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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 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: Cathy A. Bowers DATE: 4-22-97 (407) 332-1968  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

CR2E034 (9/96)