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 #

P95000009011 (4)

EXTREME TAN, INC.

FILED 96 AUG 28 PM 4: 20

SECRETARY OF STATE

Principal Pla				I (ADICEAL LIA IBIAI BITI TUTTI MATERIALI	MM 4 BRIJANSKIR TAKULARIJOK JUDIK IJEK JUDIK
	ce of Business	Mailing Address			
8128 FRONT BEACH RD STE D PANAMA CITY BEACH FL 32407		8128 FRONT BEACH RD STE D			
		PANAMA CITY BEACH	FL 32407	3. Date Incorporated or Qualified	T- 5:
					3a. Date of Last Report
2. Principal	Place of Business	2a. Mailing Address		01/31/1995 4. FEI Number	
21		26		59-3793650	Applied For
Suite, Ap	#, etc	Suite, Apt. #, etc.		3/2/200	Not Applicab
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	
:3		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
¬ ^{Zıp}	Country	Zip	Country	B. This corporation has liability for in	
4	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	istered Agent
8	PIVEY, CHARLES P		81 Name		
	128 FRONT BEACH RD		82 Street Add	dress (P.O. Box Number is Not Acceptable	
	TE D		<u> </u>		·1
' Р	ANAMA CITY BEACH FL 32407	•	83		
			84 City		
			1 - 1	poration submits this statement for the puri	FI 85 Zip Code
office or agent 1 a	am familiar with, and accept the obli-				
SIGNATURE	Signature, typed or pricted partie of ego, dered a	gest and title if applicable (NO	It. Hogisterod Agent signature requ		DAIE
SIGNATURE	Signature, typed or pricted name of registered a OFFICERS A	gent and title if applicable (NO ND DIRECTORS	It. Registered Agent signature requ	THE diviber resistancy) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or prieted carrie of eep sered a OFFICERS A	gest and title if applicable (NO	Tt. Registered Agent signature requirements and the state of the state		RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature typing or protect carrie of each seried a OFFICERS A D SPIVEY, CHARLES P	gent and title if applicable (NO ND DIRECTORS	13. 11 TIFLE 12 NAME		RS AND DIRECTORS IN 12
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made under oath; that I am an officer or director of the corporation or the receiver or Irustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

8-7-96 904 255-0550