**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000037762

HAWAIIAN TAN, INC.

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90012 005 \*\*\*150.00



Principal Place	e of Business	Mailing Address		L 10011001 IIB 10181 Ortif solft offin solft stide little 1011 1001 1001 1001
22 OLIVE ST COCOA BEACH	I FL 32931	22 OLIVE ST COCOA BEACH FL 32931		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 05/04/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21 805 (	1. Atlantic Avc.	25 45 Mclead 8	<b>St</b> .	<b>59-3318483</b> Not Applicable
Suite, Apt.		Suite, Apt, #, etc.		\$8.75 Additional
22		27 Suite 3		Fee Required
City & State	Beach, FL	28 Merrit Is	land, FC	6: Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip 29 33953 30	o brevard	8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No
24 00110	25 Octob	120 001100	U CHEVOLO	10. Name and Address of New Registered Agent
_	9. Name and Address of Current	. Registered Agent	81 Name	
WAR	RSHAWSKY, CAROL A		Wa	arshawsky, Carol A
22 OLIVE ST				Addrass (F.O. Box http://documents.com/documents/
COCOA BEACH FL 32931				
				Xate 3
			84 City ()	Nerit Teland FL 85 Zip Code 37953
the state of the s				
office or o	egistered agent or both, in the State of	of Florida. Such change was auth	norized by the corpo	oration's board of directors. I hereby accept the appointment as 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, am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.				
SIGNATURE	Signature, typed or printed name of registered agents	and title if anolicable NOTE: Ri	egistered Agent signature r	required when reinstating)  DA/E
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Б	☐ DEŁETE	1.1 TITLE	President XXChange Addition
NAME	WARSHAWSKY, CAROL A		1.2 NAME	Warshawsky, Carol A
STREET ADDRESS	22 OLIVE ST		1.3 STREET ADORESS	45 McLeod St, Ste 3
CITY-ST-ZIP	COCOA BEACH FL 32931		1.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	•
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	,3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ OELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	*
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	. ☐ Change ☐ Addition
NAME			62 NAME	·
STREET ADDRESS			6.3 STREET ADDRESS	1
1	İ		A A CITY, ST. 7ID	

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 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, with all other like empowered.

SIGNATURE: