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

Mailing Address

6316-47 LANTANA RD.

2a. Mailing Address

Suite, Apt. #, etc.

LAKE WORTH FL 33463

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000040124**1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

6316-47 LANTANA RD.

LAKE WORTH FL 33463

BEACH CLUB TANNING, FACIAL & MASSAGE CORP.

2		27					Fee Required			
City & State	9		City & State				6. Election Campaign Financing \$5.00 May Be			
¬ '		28	•				Trust Fund Contribution Added to Fees			
Zip	Country	20	Zip	Country			8. This corporation owes the current year Intangible			
<del>-</del> '	25	29	30	ח י			Personal Property Tax. Yes No			
4	9. Name and Address of Currer	11		<u> </u>			10. Name and Address of New Registered Agent			
•	3. Name una radicas di dana	7		81	N	ame				
OLIV	ER, RHONDA	i <sup>a</sup>			L.					
6316-47 LANTANA RD.			82	2 Street Address (P.O. Box Number is Not Acceptable)						
LAKE WORTH FL 33463				83	3					
000										
				84	С	ity	EI 85 Zip Code			
<u> </u>		· 			L		L   L   L   L   L   L   L   L   L   L			
Coffice of r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	ia. Such change was autt	nonzea ov	tne	med corp corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered			
SIGNATURE							ed when reinstating) DATE			
	Signature, typed or printed name of registered age				nt sign	ature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	OFFICERS AI	ND DIRE	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D		□ DEFE IC							
NAME	OLIVER, RHONDA			1.2 NAME						
STREET ADDRESS	4060 N.W. 54TH COURT			1.3 STREET	T ADE	RESS				
CITY-ST-ZIP	COCONUT CREEK FL 33073			1.4 CITY-S	T-ZIP		☐ Change ☐ Addition			
TITLE	D		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition			
NAME	GOOGE, RANEE			2.2 NAME						
STREET ADDRESS	4118 126TH DR., NORTH			2.3 STREET	TADO	RESS				
CITY-ST-ZIP	ROYAL PALM BEACH FL 3341	11'		2. 4 CITY- S	ST-ZI	•				
TITLE	**************************************	¥ .	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition			
NAME :	ا الله المسلم المسلم المسلم المسلم	7.	•	3.2 NAME						
STREET ADDRESS				3.3 STREE	TADE	RESS				
CITY-ST-ZIP				3.4. CITY-S	ST-ZI	•				
TITLE			☐ DELETE	4.1 TITLE			☐ Change ☐ Addition			
NAME				4. 2 NAME						
STREET ADDRESS	1.0			4.3 STREE	TADE	RESS				
CITY-ST-ZIP	} ·: ·			4.4 CITY-S	ST-ZIF	,				
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition			
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	TAD	RESS				
CITY-ST-ZIP				5.4 CITY- S	ST-ZIF	,	<u> </u>			
TITLE	TORING A LITTLE OF THE STATE OF		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition			
NAME	67. A			6.2 NAME						
				6.3 STREE	TADI	ORESS				
STREET ADDRESS	ey N			6.4 CITY-S		- 1				
CITY-ST-ZIP	ertify that the information supplied y	vith this	filing does not qualify for the	he evemnt	tion	stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information			
indicated		al annua Seiver or	il report is true and accura trustee emnowered to exe	ite and tha ecute this r	nt mij	y signatur irt as requ	re shall have the same legal effect as if made under oath; that I am an uired by Chapter 607, Florida Statutes; and that my name appears in			

**FILED** Jan 23, 1999 8:00am **Secretary of State** 

01-23-1999 90031 010 \*\*\*150.00

4. FEI Number

<b>a</b> nn agus sant sant	] <b>3 i</b> i   <b>1   1   1   1   1   1   1   1   1   </b>	

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/19/1995 Applied For Not Applicable 65-0584297 \$8.75 Additional 5 Certificate of Status Desired

561-357-2900 Daytime Phone #