

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0017069

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE
		<b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

FILED

02 JUL 12 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000082807** ✓

1. Corporation Name

**SUN BODY TANNING, INC.**



Principal Place of Business <b>5816 CONROY RD ORLANDO FL 32811 US</b>	Mailing Address <b>5816 CONROY RD ORLANDO FL 32811 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/19/1995</b>	
21		26		4. FEI Number <b>59-3344478</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LYNG, JOSEPH E  
6836 HIDDEN BEACH CIRCLE  
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81. Name	<b>Joseph E Lyng</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>5816 Conroy rd.</b>
83.	
84. City	<b>Orlando</b>
85. Zip Code	<b>FL 32811</b>

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PTS</b>	<input type="checkbox"/> DELETE
NAME	<b>LYNG, JOSEPH E</b>	
STREET ADDRESS	<b>6836 HIDDEN BEACH CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	<b>5816 Conroy rd.</b>
14. CITY-ST-ZIP	<b>Orlando, FL 32811</b>
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	<b>000002940470-4</b>
24. CITY-ST-ZIP	<b>-07/23/99--01088--003</b>
31. TITLE	<b>****158.75 ****158.75</b>
32. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph E Lyng** **6-29-99** **407-296-5809**

CR2E034 (5/99)

Sunbody Tanning  
5816 Conroy Rd.  
Orlando, FL 32811

SunBody Tanning

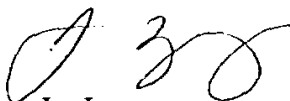
June 30, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

Enclosed is a completed second notice for the Corporation of Sunbody Tanning Inc. I was surprised to receive this notice because I did complete the form and sent a check dated 2-4-99 (copy enclosed). I also enclosed a copy of the cleared check immediately following the one written to the Florida Department of State. After explaining the situation to one of your customer service representatives; He suggested I complete the form, Send a check for \$150, and ask to waive the penalty as a one-time exemption usually allowed for instances such as this. My main objective is to keep the company registered in a good standing. I am also enclosing the \$8.75 for a certificate of status, which will be your confirmation of this request. If you need more information or are not granting the request to waive the penalty then please call me at 407-296-5809 or the mobile 407-719-9015.

Thank You,



Joe Lyng  
President