

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

**FILED**

**Feb 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000096207 (2)**  
1. Corporation Name  
**EASY TAN OF MELBOURNE, INC.**



Principal Place of Business <b>751 NORTH DRIVE, SUITE 1 MELBOURNE FL 32934</b>	Mailing Address <b>751 NORTH DRIVE, SUITE 1 MELBOURNE FL 32934</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>50 West DRIVE</b> Suite, Apt #, etc		2a. Mailing Address 26 <b>50 West DRIVE</b> Suite, Apt #, etc		3. Date Incorporated or Qualified <b>01/01/1996</b>	
22 City & State 23 <b>Melbourne FL</b>		27 City & State 28 <b>Melbourne, FL</b>		4. FEI Number <b>65-0628365</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Zip <b>32904</b>		29 Zip <b>32904</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country <b>USA</b>		30 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>HALPERN, MICHAEL S 751 NORTH DRIVE, SUITE 1 MELBOURNE FL 32934</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HALPERN, MICHAEL S 751 NORTH DRIVE, SUITE 1 MELBOURNE FL 32934</b>				10. Name and Address of New Registered Agent	
81 Name <b>Halpern, Michael S</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>50 West Drive</b>			
83		84 City <b>Melbourne</b>			
85 Zip Code <b>32904</b>		86			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALPERN, MICHAEL S</b>	1.2 NAME	
STREET ADDRESS	<b>751 NORTH DRIVE, SUITE 1</b>	1.3 STREET ADDRESS	<b>50 West Drive</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	1.4 CITY-ST-ZIP	<b>Melbourne, FL 32904</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 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: *Michael S. Halpern* 1/16/98 467 253-1229

CR2E034 (10/97)