FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT CHE STO.

CORPORATION ANNUAL REPORT 1996	Sandra Secreta	RIMENT OF STATE B. Mortham ary of State CORPORATIONS		
DOCUMENT # P95000	096462 (3)			
TROPICAL WAVE LENGTHS, INC.			(120(120) 110 1012+ 0(11) 20(11 01)+ 0	Bill COMO 1864 Stall Civil Rima Halles
Principal Place of Business 7210 ULMERTON ROAD SUITE F LARGO FL 34641	IERTON ROAD 7210 ULMERTON ROAD SUITE F		3. Date Incorporated or Qualified 3a. Date of Last Report 12/18/1995	
2. Principal Place of Business 21 Tropical wax knowns inc	2a. Mailing Address 26 7210 UN	nection cd.	4. FEI Number 334939	Applied For
Suite, Api. #, etc. 22 Suite F	Suite, Apt. #, etc. 27 Suite F		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State 23 harao # F).	City & State 28 トるべな。	FI.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25 ひらる.	29 3 464 1	Country Country	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s 199.032,
9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
SCHULTZ, ROBERT A 7210 ULMERTON ROAD		82 Street Addre	ess (P.O. Box Number is Not Acceptable	o)
SUITE F LARGO FL 34641		83		
11. Pursuant to the provisions of Sections 607.0502 at	nd 607.1508, Florida Statutes	84 City	than submite this etal-valved for the average	FL 85 Zip Code
SIGNATURE Kolid a SCHOOL	OWNER CEO			intment as registered agent. Lam
12. OFFICERS AND E	DIRECTORS	Registered Agent's gnature required	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
NAME SCHULTZ, ROBERT A 7210 ULMERTON ROAD	☐ DELETE	1 1 TITLE 12 NAME 1.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP LARGO FL 34641	DELETE	14 CiTY - ST - ZiP 2 1 DEEE		
NAME NANCY Schutz,		2.2 NAME		Change Addition
STREET ADDRESS 7210 ULMERTON Rd CITY-ST-ZIP LARGO F1 34641		2.3 STREET ADDRESS - 2.4 City-St. Zip		
TITLE	☐ DELETE	3 1 1111.8		Change Addition
NAME STREET ADDRESS		3.2 NAME 3.3 STREET ADDRESS		
CiTY-ST-ZIP		34 CITY - ST - ZIP		
TITLE	☐ DELETE	4 1 TITLE 4 2 NAME		Change Addition
STREET ADDRESS		43 STREET ADDRESS		•
CITY - ST - ZIP	D BUILTO	4.4 City - ST - ZiF		
NAME	☐ DELETE	5 1 DTLE 52 NAME		Change Addition
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	T OU STE	5.4 CITY - \$1. ZIP		
NAME	☐ DELETE	6 I TIFLE		Change Addition
STREET ADDRESS		6.2 NAME 6.3 STREE! ACORESS		
C-IY-SI-ZIP		64 CITY - ST - 7:P		
14. I do hereby certify that the information supplied with certify that the information indicated on this annual in cath, that I am an officer or director of the corporation appears in Block 12 or Block 13 if changed, or on a	on or the receiver or trustee o	report is true and accurate	the exemption stated in Section 119.07 and that my signature shall have the sa eport as required by Chapter 607, Flori	(3)(k), Florida Statutes. I further ime legal effect as if made under cla Statutes, and that my name
SIGNATURE: THE SUM IN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day To Day				