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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600002404 (7)

A TAN U.S.A., INC.

Principal Place of Business

Mailing Address

## FILED May 01 1997 8:00am Secretary of State



6775 NEWBERRY RD GAINESVILLE FL 32605		6775 NEWBERRY RD GAINESVILLE FL 32605-4312					
					3. Date Incorporated or Qualified 01/03/1996	3a. Date of L	ast Report
2. Principal Pl	ace of Business	Puiling Address	/	-00	4. FEI Number	-011	Applied For
21 (0'/	SO NEWOCKIU	1801 - 10,182	) KEWIFI	KKY	54-55545	20 <i>4</i> :1	Not Applicable
Suite, Apt. 4 22	, etc.	Suite, Apt. #, etc.	Rd	.0	5. Certificate of Status Desired	1 1 7 -	75 Additional se Required
23 CAINESVILLE F (28) CAINES			UE, FL		6. Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
24 <u>Zip</u>	605 25 21 ACHUA	29 32605 30	ALACHU	A		Yes X No	ders 199.032,
	9. Name and Address of Current R. LOW, EUZABETH	egislered Agent	81 Name		10. Name and Address of New Re	gistered Agent	
	or maine						
	6 NEWBERRY RD NESVILLE FL 32605		82 Street A	Addres	S (P.O. Box Number is Not Accompa	PRLY	Rd.
,		,	84 City			FL <sup>85</sup>	Zip Code
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 607.0509, Florida Statutes.  SIGNATURE  Signature, typed of purpose of furpose of upon and the if applicable.  (NOTE: Registered Agent's greature required when reinstating)  Date  Date							
12,	OFFICERS AND D		13.	ied Y	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE		DELFTE	1.1 TITLE	P	CFS.		angé 🔀 Addition
NAME			1.2 NAME	Ca	RECO MARIO	$\langle \cdot \rangle$	م ۸
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CITY-ST-ZIP			1.4 CITY-ST-ZIP	G1	linesy lue	FC36	3(00)
TITLE		-	21 1IFLE	$\mathbf{Y}$	ICE PRES	_ LJ Ch.	ange Addition
NAME			2.2 NAME	Y	EST MARY		00
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		127-55019	egy,	100 TO E
CITY-ST-ZIP TITLE			3.1 Title	5	TOE PRES	) ch	ange Addition
NAME			3.2 NAME	Y	VINIAL CANTT	Q AAIC	) /- )
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TITLE		☐ DELETE	4.1 THLE	S	EC. TREAS.	Linch	ange Addition
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STREET ADDRESS			4.3 STREET ADDRESS	امل ا	785 NEWBE	4247	d-
CITY-ST-ZIP			4.4 CITY-ST-7IP 5 1 TITLE		AINESXILLE	FLICH	ange
NAME		L., peccip	5.2 NAME	'	7	2605	Sigo E Rounion
STREET ADDRESS	•		5.3 STREET ADDRESS		$\mathcal{O}$	~~~ <u>~</u>	
CITY-ST-ZIP			5.4 CITY- ST- ZIP				
TITLE		DELETE	6.1 TITLE		THE RESERVE THE PROPERTY OF TH	Ch	ange Addition
NAME		l l	6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP	<u>L</u> .			
14. I do hereb	y <b>certify</b> that the information supplied w n indicated on this annual report or supp	ith this filing does not qualify for	the exemption sl	stated in	Section 119.07(3)(i). Florida Statute	s. I further certify	that the