

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013756 (7)

1. Corporation Name
TLC TANNING SALON INC.

Principal Place of Business
**6707 PLANTATION RD.
SUITE 3-B
PENSACOLA FL 32504**

Mailing Address
**6707 PLANTATION RD.
SUITE 3-B
PENSACOLA FL 32504**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/09/1996	4. FEI Number 59-3360001	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 LEVENSELLER, ELAINE 4408 SUMMERFIELD CT. PACE FL 32571				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVENSELLER, ELAINE			1.2 NAME	Ann Kelek		
STREET ADDRESS	4408 SUMMERFIELD CT.			1.3 STREET ADDRESS	7217 Twin Lakes Lane		
CITY-ST-ZIP	PACE FL 32571			1.4 CITY-ST-ZIP	Pensacola, FL 32513		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARODY, E. DIANNE			2.2 NAME	Laura Worthylake		
STREET ADDRESS	4409 SUMMERFIELD CT.			2.3 STREET ADDRESS	5910 Walton St.		
CITY-ST-ZIP	PACE FL 32571			2.4 CITY-ST-ZIP	Pensacola, FL 32503		
TITLE	PS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Financial Advisor	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVENSELLER, ELAINE			3.2 NAME	Peter Kelek		
STREET ADDRESS	4408 SUMMERFIELD CT			3.3 STREET ADDRESS	7217 Twin Lakes Lane		
CITY-ST-ZIP	PACE FL 32571			3.4 CITY-ST-ZIP	Pensacola, FL 32504		
TITLE	VPT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARODY, E. DIANNE			4.2 NAME	Carol Webb		
STREET ADDRESS	4408 SUMMERFIELD			4.3 STREET ADDRESS	5910 Walton St.		
CITY-ST-ZIP	PACE FL 32571			4.4 CITY-ST-ZIP	Pensacola, FL 32503		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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:

Ann Kelek

1-2898

150-477-8709

CR2E034 (10/97)