

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000016128 (6)

1. Corporation Name

TAN MAN, INC.

Principal Place of Business

1801 S TAMiami TRAIL
VENICE FL 34293

Mailing Address

1801 S TAMiami TRAIL
VENICE FL 34293-5002

3. Date Incorporated or Qualified

02/19/1996

3a. Date of Last Report

2/14/96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0644723

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

LACHER, FRAN
1801 S TAMiami TRAIL
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name

E. STEPHANIE MAGRINI

82 Street Address (P.O. Box Number is Not Acceptable)

1901 S. TAMiami Tr., Suite B

83

84 City

Venice

FL

85 Zip Code

34293

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

E. S. Magrini

(NOTE: Registered Agent signature required when reinstating)

3/24/97

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	LACHER, FRAN	
STREET ADDRESS	1801 S TAMiami TRAIL	
CITY - ST - ZIP	VENICE FL 34293	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	MAGRINI, STEPHANIE	
STREET ADDRESS	1801 S TAMiami TRAIL	
CITY - ST - ZIP	VENICE FL 34293	
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

1.1 TITLE	D. P. VP. Sec. Tres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAGRINI, Stephanie	
1.3 STREET ADDRESS	1801 S. TAMiami Trail	
1.4 CITY - ST - ZIP	VENICE, FL 34293	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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:

E. S. Magrini

E. S. MAGRINI

3/24/97 (94) 493-6643

SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)