

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 02 1998 8:00am  
Secretary of State

DOCUMENT # **P96000029066 (3)**

1. Corporation Name

**THE TANNING SOLUTION INC.**



Principal Place of Business

**23 ALMERIA  
CORAL GABLES FL 33134**

Mailing Address

**23 ALMERIA  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/03/1996**

4. FEI Number

**65-0687517**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

**STABLE, WILLIAM  
3031 MCDONALD STREET  
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81 Name

**Stable William**

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

**2994 SW 26st**

83

**Miami**

84 City

**FL**

85 Zip Code

**33133**

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

TITLE **D** ☐ DELETE  
NAME **STABLE, WILLIAM**  
STREET ADDRESS **3031 MCDONALD STREET**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **D** ☒ DELETE  
NAME **GARCIA, WILFREDO**  
STREET ADDRESS **3031 MCDONALD STREET**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition  
1.2 NAME **William stable**  
1.3 STREET ADDRESS **2994 SW 26st**  
1.4 CITY-ST-ZIP **Miami FL 33133**

2.1 TITLE **Director** ☐ Change ☒ Addition  
2.2 NAME **Ronald stable**  
2.3 STREET ADDRESS **2994 SW 26st**  
2.4 CITY-ST-ZIP **Miami FL 33133**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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

*[Signature]*

8-19-98 774-6008

CR2E034 (5/98)