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FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000032169 (0)

1. Corporation Name
TANFASTIC, INC.



Principal Place of Business
**656 NORTH BEAL PARKWAY, STE. B
 FT. WALTON BEACH FL 32548**

Mailing Address
**656 NORTH BEAL PARKWAY, STE. B
 FT. WALTON BEACH FL 32547-3576**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**WELTON, MARK
 1078 FERDON BLVD., SOUTH, STE. B
 CRESTVIEW FL 32536**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
04/12/1996

3a. Date of Last Report
N/A

4. FEI Number
59 339 75 02

Applied For
 Not Applicable

6. 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

10. Name and Address of New Registered Agent

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 fee, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME **ABRAHAMSON, FRANK** DELETE

STREET ADDRESS **656 NORTH BEAL PARKWAY, STE. B**
 CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE NAME **ABRAHAMSON, ELIZABETH** DELETE

STREET ADDRESS **656 NORTH BEAL PARKWAY, STE. B**
 CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE NAME DELETE

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME DELETE

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME DELETE

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME DELETE

STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

4-30-97

904-164-7690

CR2E034 (9/96)