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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000067854

1. Corporation Name

DEATH TAN, INC

[redacted]

Principal Place of Business	Mailing Address
P.O. Box 2517 Tampa, FL 33601-2517	P.O. Box 2517 Tampa, FL 33601-2517

3. Date Incorporated or Qualified: 08/01/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 1000 NW 56th Street
Suite, Apt. #, etc.
22: SUITE B
City & State
23: FT. LAUDERDALE FL
Zip
24: 33309
Country
25: BROWARD

2a. Mailing Address
26: 1000 NW 56th street
Suite, Apt. #, etc.
27: SUITE B
City & State
28: FT LAUDERDALE, FL
Zip
29: 33309
Country
30: BROWARD

4. FEI Number: 59-3396348 ☐ Applied ☐ 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 Fee

8. This corporation has liability for intangible tax under s. 199 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

STEVEN J. LYNN
551 Summer Circle
Tampa, FL 33606

10. Name and Address of New Registered Agent

91: Name: STEVEN J. LYNN
92: Street Address (P.O. Box Number is Not Acceptable): 9218 HIDDEN WATER CIRCLE
93:
94: City: RIVERVIEW FL 95: Zip Code: 33569

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change
NAME	STEVEN J. LYNN	1.2 NAME	
STREET ADDRESS	9218 HIDDEN WATER CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW, FL 33569	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change
NAME	[illegible]	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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; 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: Steven J. Lynn STEVEN J. LYNN 970426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0286409