

1-2
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000073934 (7)

1. Corporation Name
NO TAN LINES, INC.

Principal Place of Business
3033 MONUMENT ROAD STE 9
JACKSONVILLE FL 32114-3415

Mailing Address
3033 MONUMENT ROAD STE 9
JACKSONVILLE FL 32114-3415

FILED
97 JUL 18 AM 10:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/06/1996	3a. Date of Last Report 2/25/97
4. FEI Number 59-3399519	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3033 Monument Rd. Suite, Apt. #, etc. 22 Suite 9 City & State 23 Jacksonville FL Zip 24 32225 Country 25 US	2a. Mailing Address 26 3033 Monument Rd. Suite, Apt. #, etc. 27 Suite 9 City & State 28 Jacksonville FL Zip 29 32225 Country 30 US
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9. Name and Address of Current Registered Agent
SCHECTER, RANDAL L
1030 W INTERNATIONAL SPEEDWAY BLVD STE 210
DAYTONA BEACH FL 32114-3415

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 Robert A Cabrera
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 7/14/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (4/97)

No Tan Lines Inc.

No Tan Lines Inc.

3033-9 Monument Rd.
Jacksonville, Florida 32225

Phone (904) 996-0012

Fax (904) 996-0116

2-2

July 14, 1997

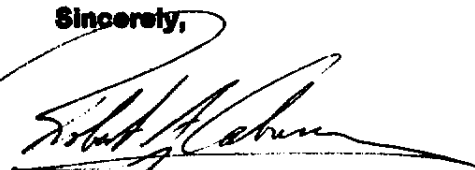
Florida Department Of State
Sandra B. Mortham
Secretary of State

Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs:

I received the second notice for filing the 1997 Profit Corporation Annual Report, however, I have already filed the report on February 24, 1997. Our record shows that we wrote a check for \$165.00 on the same day we mailed such report. I called to inquire about the discrepancy and was informed that the previous report was rejected and sent back along with our check. However, we never received the returned document or we would have acted promptly to insure a speedy return. Due to the fact that we never received the returned document and were not aware of the rejection, I feel that it would be unfair to charge us for the penalty fee. I have enclosed a check for \$165.00 along with the document and hope for your understanding.

Sincerely,



Robert A. Cabrera
President

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000065113 (0)

1. Corporation Name
MARSHSIDE, INC.

Principal Place of Business
10991-28 SAN JOSE BLVD
JACKSONVILLE FL 32223
US

Mailing Address
8160 MERGANSER DRIVE
PONTE VEDRA BEACH FL 32082

FILED

97 JUL 18 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/06/1994	3a. Date of Last Report 06/19/1996
4. FEI Number 59-3270479	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
9. Name and Address of Current Registered Agent
SLAGLE, SUSAN
4190 BELFORT ROAD
SUITE 240
JACKSONVILLE FL 32216

81 Name

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

83

84 City

FL 85 Zip Code

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
0
SLATTERY, MARY R
8160 MERGANSER DRIVE
PONTE VEDRA BEACH FL 32082

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
600002247156--3
-07/24/97--01107--016
****165.00 ****165.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0
SLATTERY, JOHN M
8160 MERGANSER DRIVE
PONTE VEDRA BEACH FL 32082

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
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CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: MARY R. SLATTERY 7/16/97 904-318-5558

CR2E034 (4/97)

Licensee of

The Great Frame Up®

Systems, Inc.

10991-28 San Jose Blvd.
Jacksonville, FL 32223

904-268-5858

July 15, 1997

State of Florida
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

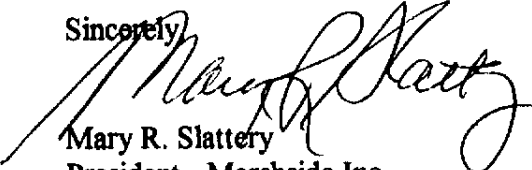
RE: MARSHSIDE INC. - P94000065113 (O)

This is to inform you that your "2nd Notice" to file the 1997 Profit Corporation Annual Report was, in fact, the *very first* notification received. I called the offices of my registered agent - Susan Slagle - to see if they had received it, but they have nothing on record. They indicated that they often receive the 2nd notice, but not the first.

Therefore, I then telephoned your offices regarding this situation and the concern to avoid this happening again in the future. I was instructed to file the return enclosing a check for \$165.00 with this letter of explanation. I do request and hope that you will consider this to be a legitimate request for waiver of the late fee as I file all government forms and taxes in a prompt matter and would not have overlooked this document had I received it.

Thank you very much for your consideration.

Sincerely,


Mary R. Slattery
President - Marshside Inc.
dba The Great Frame Up