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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 01 1997 8:00am

Secretary of State

Change

Addition

DOCUMENT # P96000082370 (3)

DREAM TEAM TANNING, INC.

3600-B SW ARCHER ROAD GAINESVILLE FL 32808		3600-B SW ARCHER ROAD GAINESVILLE FL 32608-2413							
,							3. Date Incorporated or Qualified 10/02/1996	3a. Date of Last Report	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For	
21			26				159-340579	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	25	Country	7(p	30	Country	/	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, X Yes ☐ No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
GAI	to the provision registered agen am familiar with,	32608 s of Sactions 607.6	0502 and 607, 1508, F ate of Horida. Such cl ligations of, Section 6	lorida Statutes, hango was aut 107.0505, Florid	83 84 the abov horized b	City e-named cory	poration submits this statement for the ation's board of directors. I hereby acce	FL 85 Zip Code	
	Signature, typed or p		agent and title if applicable.	(NO1(: H		eni signature req u	aired when reinstating)	DATE	
12.	OFFICE HS AND DIRECTORS DELETE			13.		ADDITIONS/CHANGES TO OFFI			
			L) nerett	1.1 THLF		PRESIDENT	Change Addition	
NAME Street address					1.2 NAME 1.3 STREE	ADDRESS	LIZABETH MARIO 0785 NEWBERR	1 ROAD	
CITY-ST-ZIP					1.4 C(TY -)	ST-7IP (~	LAINESVILLE FL	32605	
TITLE NAME] DELE1€	2.1 TITLE 2.2 NAME		VICE PRES, STEVE RANCE	Change 🔀 Addition	
STREET ADDRESS CITY-ST-ZIP						ADORESS		VANIA CT.	
	I				2.4 C(1Y-		$\mathbf{D}_{n} \wedge \mathbf{A}_{n} \cdot \mathbf{A}_{n} \cdot \mathbf{A}_{n} \wedge \mathbf{A}_{n} = \mathbf{A}_{n} \cdot \mathbf{A}_{n} $	Oon O I O	

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 the address

3.3 \$1REE1 ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - \$1 - 7IP

3.4 CITY- \$1 - ZIP

4.1 TiTLE

4. 2 NAME

5.11016

5.2 NAME

6.1 TITLE

6.2 NAME

DELFTE

DELETE

DELF 1E

CALATURE: 8/51GK/V/1131/X GV/15 GV 15 GV 1