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

DOCUMENT # P9600086746 (0)

ALTAMONTE TAN, INC.

rilli	
Aug 07 1998 8:00am	l
Secretary of State	

EII ED

Principal Place of Business Mailing Address						
600 E. ALTAMO 1060	onte d r.	600 E. ALTAMONTE DR.				
ALTAMONTE SPRINGS FL 32701		1050 Altamonte springs fl	32701		DO NOT WRITE IN THIS SPACE	
US		US	OLI (II		3. Date Incorporated or Qualified	
					10/18/1996	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26	Walling Address		59-3408221 Not Applicable	
Suite, Apl	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22	_	[27]	h		5. Certificate of Status Desired Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	28		Trust Fund Contribution Added to Fees	
Zíp	Country	Zip	Country		8. This corporation owes or has paid the current year intangible	
24	25	[29]	30		Personal Property Tax due June 30. Yes No	
		Current Registered Agent	, I.,		10. Name and Address of New Registered Agent	
	ODS, G len		81	Name		
	i S.W, 75th Terr		82	Street Ar	ddress (P.O. Box Number is Not Acceptable)	
GAIN	NESVILLE FL 32607		"	Oliber Au	Misss (F.O. Box Humber is Not Acceptable)	
			83	ı†		
			<u> </u>	 		
I			84	City	FL 85 Zip Code	
agent. I a	am ramiliar with, and accept th	e obligations of, section 607.0505, Fix	orida Statute	S.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
42	Signature, typed or printed name of regist			agent signature r	required when reinstating) DATE	
12. TITLE	ST	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	DRAGSTEDT, PATRICIA	DELETE	1.1 TITLE	Ī	Change Addition	
NAME	235\$ MORNINGSIDE DR.		1.2 NAME		, , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS	MT. DORA FL		1.3 STREE	TADDRESS		
CITY-ST-ZIP	P		1.4 CITY-S	T-ZIP		
TITLE	WOODS, GLEN		2.1 TITLE		Change Addition	
NAME	2031 S.W. 75TH TERR		2.2 NAME			
STREET ADDRESS	GAINESVILLE FL		2.3 STREET ADDRESS		~ di	
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE	MARLOW, GREG	⊠ DELETE	3.1 TITLE		Change Addition	
NAME	ODER MODNINGOIDE DOILE		3.2 NAME			
STREET ADDRESS	MT. DORA FL 32757	AC .	3.3 STREET	ADDRESS		
CITY-ST-ZIP	MI. DONA FE 32/3/		3.4 CITY-S	r-zip		
TITLE		L DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		·	4.4 CITY-ST	í-ZIP	parties, par	
TITLE		L DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP			5.4 CITY-S1	-ZIP		
TITLE		L DELETE	6.1 TITLE		0000026125 CO0000	
NAME			6.2 NAME		-08/11/98010290 20 PE	
STREET ADDRESS			6.3 STREET	ADDRESS	***150.00	
CITY-ST-ZIP			6.4 CITY-ST		B /	
an officer o	on this annual report of supplier or director of the corporation or	ed with this filing does not qualify for the mental annual report is true and accur- the receiver or trustee empowered to an attachment with an address?	ne exemption ate and that execute this	stated in se my signatur s report as r	ection 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath ; that I am required by Chapter 607, Florida Statutes; and that my name appears	

Glen Woods Tan USA 600 E. Altamonte Dr Altamonte Springs, FL 32701

Florida Dept of State Division of Corporations

We apologize, but due to the death of one of our partners, we did not receive the initial renotice for filing our annual report, and only recently discovered the second notice. Per my phone discussion with Tyrone (850-487-6059), he instructed me to send the initial filing fee of \$150,00 along with the annual report. We apologize for any inconvenience.

Thank You.