

**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.)**

FILED

**Jul 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000099342 (3)
1. Corporation Name
ALAN'S TATTOO STUDIO NORTH AMERICA, INC.



Principal Place of Business ONE SOUTH ORANGE AVENUE, SUITE 300 ORLANDO FL 32801 104	Mailing Address ONE SOUTH ORANGE AVENUE, SUITE 300 104 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ONE SOUTH ORANGE AVE		2a. Mailing Address 26 ONE SOUTH ORANGE AVE		3. Date Incorporated or Qualified 12/09/1996	3a. Date of Last Report
Suite, Apt. #, etc. 22 104		Suite, Apt. #, etc. 27 104		4. FEI Number 59-3415446.	Applied For Not Applicable
City & State 23 FLORIDA ORLANDO		City & State 28 FLORIDA ORLANDO		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 32801		Zip 29 32801		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
JEBARLEY, JOSEPH J
111 NORTH ORANGE AVENUE, SUITE 2050
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name **ALAN DIXON**
82 Street Address (P.O. Box Number is Not Acceptable)
ONE SOUTH ORANGE AVE
83 **SUITE 104, ORLANDO FLORIDA**
84 City
FL 85 Zip Code
32801

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 **ALAN DIXON** *Alan Dixon* DATE **7-20-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	ALAN B. DIXON
STREET ADDRESS	1818 SENECA BLVD
CITY-ST-ZIP	WINTER SPRINGS FL 32708 ORLANDO
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	WILLIAM ROBINSON
STREET ADDRESS	DROSSEL WEG 27 RETIRERY
CITY-ST-ZIP	GERMANY
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	ALAN DIXON
STREET ADDRESS	1818 SENECA BLVD
CITY-ST-ZIP	WINTER SPRINGS FL 32708 ORLANDO
TITLE	TREASURER <input type="checkbox"/> DELETE
NAME	WILLIAM ROBINSON
STREET ADDRESS	DROSSEL WEG 27 RETIRERY
CITY-ST-ZIP	GERMANY
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 *Alan Dixon* DATE **7-20-97**

CR2E034 (4/97)