

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. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29 1997 8:00am
Secretary of State

DOCUMENT # P96000099342 (3)

1. Corporation Name

ALAN'S TATTOO STUDIO NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

ONE SOUTH ORANGE AVENUE, SUITE 300
ORLANDO FL 32801 104

ONE SOUTH ORANGE AVENUE, SUITE 300 104
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/09/1996

4. FEI Number

Applied For

59-3415446

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 Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 ONE SOUTH ORANGE AVE

2a. Mailing Address

26 ONE SOUTH ORANGE AVE

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

23 FLORIDA ORLANDO

City & State

28 FLORIDA ORLANDO

Zip

24 32801

Country

Zip

29 32801

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEBARLEY, JOSEPH J
111 NORTH ORANGE AVENUE, SUITE 2050
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-20-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE
NAME ALAN B. DIXON
STREET ADDRESS 1818 SENECA BLVD
CITY-ST-ZIP WINTER SPRINGS FL 32708 ORLANDO

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ DELETE
NAME WILLIAM ROBINSON
STREET ADDRESS DROSSEL WEG 27 RETTERG
CITY-ST-ZIP GERMANY

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

TITLE SECRETARY ☐ DELETE
NAME ALAN DIXON
STREET ADDRESS 1818 SENECA BLVD
CITY-ST-ZIP WINTER SPRINGS FL 32708 ORLANDO

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

TITLE TREASURER ☐ DELETE
NAME WILLIAM ROBINSON
STREET ADDRESS DROSSEL WEG 27 RETTERG
CITY-ST-ZIP GERMANY

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

7-20-97 8:12 2611

CR2E034 (4/97)