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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099342 (3)

ALAN'S TATTOO STUDIO NORTH AMERICA, INC.

Principal Plac	e of Business	Mailing Address		-	RED HAIRA ANNO BRAKA REDI FARE
ONE SOUTH	ORANGE AVE	ONE SOUTH ORANGE AVE			
104		104		DO NOT MIDITE IN THE	20105
ORLANDO FL 32901 ORLANDO FL 32901 US US				DO NOT WRITE IN THIS	SPACE
03		US		3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		12/09/1996 4. FEI Number	Applied For
21 26			59-3415446	Not Applicable	
		Suite, Apt. #, etc.			\$8.75 Additional
22 27		27		5. Certificate of Status Desired	Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25		30	Personal Property Tax due June 30.	Yes No
-	g. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	i Agent
DIXON, ALAN			81 Name		
ONE SOUTH ORANGE AVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 104			83		
) OH	LANDO FL 32801		53		
			84 City	F	85 Zip Code
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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS ANI		Registered Agent signature require 13.		ID DIDECTORS IN 46
TITLE	P OFFICERS AND	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	DIXON, ALAN B		1.2 NAME		
STREET ADDRESS	1818 SENECA BLVD		1,3 STREET ADDRESS		
CITY - ST - ZIP	WINTER SPRINGS FL		1,4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	T. ALEXANDER	Change Addition
NAME	ROBINSON, WILLIAM		2.2 NAME		-
STREET ADDRESS	DROSSEL WEG 27		2.3 STREET ADDRESS		
CITY - ST - ZIP	reitberg ge		2, 4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIXON, ALAN		3,2 NAME		
STREET ADDRESS	1818 SENECA BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		3.4. CITY-ST-ZIP		
TITLE	1	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, WILLIAM		4. 2 NAME		į
STREET ADDRESS	DROSSEL WEG 27		4.3 STREET ADDRESS		
CiTY-ST-ZIP	REITBERG GE		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		- L Change - Addition
NAME			6.2 NAME		

14. I 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 man attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

FILED

Jan 28 1998 8:00am

Secretary of State