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

PROFIT CORPORATION **ANNUAL REPORT** 1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14 1998 8:00am Secretary of State

DOCUMENT #

P97000000047 (5)

ALL TAN, INC.

|--|

Principal Place OAKS PLAZA 620-686 GLAD BOCA RATON	. UNIT 40-24 ES ROAD	Mailing Address OAKS PLAZA, UNIT 40-24 620-686 GLADES ROAD BOCA RATON FL	,	DO NOT WRITE IN THe state of th	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 672	EGLADES RO	26 672 6CA Suite, Apt. #, otc.	PRINT	65-0720466	Not Applicable
Suite, Apt.	#, OLC.	27] Sune, Apt. #, otc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	A RATOM, FC.	Catura State 28 130CA 17A	TON IFL	6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Bo Added to Fees
24 334	8. Name and Address of Curre	29 73486	30 USA	B. This corporation owes or has paid the Personal Property Tax due June 30. Name and Address of New Register	Ø Yos □ No
ROTHMAN, LEE MAX ESQUIRE LAW OFFICES OF LEE MAX ROTHMAN 2295 CORPORATE BOULEVARD, NW SUITE 134 BOCA RATON FL 33431			81 Name 82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable)	85 Zip Code
SIGNATURE	to the provisions of Sections 607.056 ogistered agent, or both, in the State of familiar with, and accept the oblig signature species agents are consistent in		ss, the above-named co unthorized by the corpor- vida Statutes. Registered Agent signature req	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	111111		Change Addition
NAME STREET ADDRESS	MUSSMAN, LARRY 403 COTTON PLACE		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-2IP	BOCA RATON FL 33431	DITEIE	1.4 CRY-SI-7P		Character Transfer
TITLE		☐ orreit	2.1 1016		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STAFET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TOLE		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-zip			3 4. CITY - ST - ZIP		
TITLE		DELETE	41 TITLE		Change Addition
TITLE NAME		DELETE			Change Addition
· .		DELÉTE	41 TITLE		Change Addition
NAME		[_] DETELE	4.1 TITLE 4.2 NAMΓ		☐ Change ☐ Addition
NAME STREET ADDRESS		[] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			4 1 TITLE 4. 2 NAME 4.3 STREEL ADDRESS 4.4 CILY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4 1 TITLE 4. 2 NAME 4.3 STREEL ADDRESS 4.4 CHY-S1-ZIP 5.1 TITLE 5.2 NAME		
NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS			4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DILETE	4 1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS 5.4 GHY-ST-ZIP		☐ Change ☐ Addition

14. Thereby certify that the information supplied with this filling 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 supplicmental 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 a attachment with an address.

SIGNATURE:

10 JAN98