SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$780). FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT 99 DEC 13 PM 1:39 Secretary of State 1999 **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEE, FLURIDA **DOCUMENT #** P97000017441 CENTRAL FLORIDA TANNING POOL CONCESSIONS, INC. Principal Place of Business Mailing Address 4630 S. KIRKMAN ROAD #219 4630 S. KIRKMAN ROAD #219 ORLANDO FL 32811 ORLANDO FL 32811 3. Date Incorporated or Qualified 02/20/1997 2. Principal Piace of Business 2s. Mailing Address Applied For 59-3430634 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year 30 Intangible Personal Property. Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LANCASTER, GREGORY M Street Address (P.O. Box Number is Not Acceptable) 82 4630 S. KIRKMAN ROAD #219 ORLANDO FL 32811 84 City 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 offange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, it am familiar with, and accept the obligations of, section 507.0505, Florida Statutes.

SIGNATURE:

Signature typed or prifet have a registered agent and title if applications. (NOTE: Registered Agent algebras registered). GREGORY M. LANCASTER OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 800003078238----12/22/99--01071--022 TITLE 1.1 TITLE __ DELETE Addition LANCASTER, GREGORY M **CR2E034** NAME 12 NAME 4630 S. KIRKMAN ROAD #219 STREET ADDRESS 1.3 STREET ADDRESS ****750.00 ****750.00 ORLANDO FL 32811 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE Change Addition DELETE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY:ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP OELETE TITLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this record is 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: GERGORY M. LANCASTEL

CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS

NAME

DELETE

407)651-2466

Change Addition