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

PROFIT CORPORATION ANNUAL REPORT

1999

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700038871

THE TANNING PLACE & SPA, INC.

Mailing Address Principal Place of Business 150 N. U.S. HWY. ## 9 150 N. U.S. HWY. ** 9 TEQUESTA FL 33469 TEQUESTA FL 33469 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/01/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 65-0751970 26 21 \$8.75 Additional Suite, Apt, #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired \Box Fee Required 27 22 City & State -\$5.00 May Be City & State 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HABERMAN, CAMBIERELY S Street Address (P.O. Box Number is Not Acceptable) 82 LANE 16792 133RD DR N JUPITER FL 33478 83 84 City UP 1752 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. HA BELMAN CAMBIERELY SIGNATURE (NOTE: Registered Agent signature requir ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 11 TITLE TITLE 1.2 NAME NAME HABERMAN, CAMBIERELY S 1.3 STREET ADDRESS STREET ADDRESS 16792 133RD DR N 1.4 CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME PIETROWSKI, GREGORY A 16792 133RD DR N 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP Jupiter FL 33478 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE

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 expellemental 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 with all other like empowered. Block 12 or Block 13 if change HABENIAN SIGNATURE

52 NAME

617MF

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

CR2E034 (11/98)

☐ Addition

☐ Change

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90034 032 ***150.00