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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY -7 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043240

1. Corporation Name
TANTASIA, INC.

Principal Place of Business TANTASIA
5100 S. Cleveland Ave # 312
Ft. Myers, Fl. 33907

Mailing Address

REINSTATEMENT 98-99

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified 5/15/97
4. FEI Number 65-0754415 [ ] Applied For [ ] 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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
Tantasia
5100 S. Cleveland Ave. # 312
Ft. Myers, Fl 33907

10. Name and Address of New Registered Agent
81 Name JAMES F. FLORIG
82 Street Address (P.O. Box Number is Not Acceptable) 5100 S. CLEVELAND AVE. # 312
83
84 City FT. MYERS FL 85 Zip Code 33907

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 JAMES FLORIG PRES [signature] 5/4/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12 OFFICERS AND DIRECTORS

TITLE	PRES. JAMES FLORIG	[ ] DELETE
NAME	TANTASIA	
STREET ADDRESS	5100 S. Cleveland Ave # 312	
CITY-ST-ZIP	Ft. Myers, Fl 33907	
TITLE	OWNER	[ ] DELETE
NAME	Jim Florig	
STREET ADDRESS	2248 Lemon St.	
CITY-ST-ZIP	St. James City, Fl 33956	
TITLE	Manager	[ ] DELETE
NAME	Michelle Moreno	
STREET ADDRESS	1625 Red Cedar Dr. # 15	
CITY-ST-ZIP	Fort Myers, Fl 33907	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****908.75 ****908.75

CR2E034 (11/98)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/16/99 941 284 5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #