

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90007 043 ***150.00

DOCUMENT # P97000065738

1. Corporation Name SUN'S UP, INC.

Principal Place of Business 4200-J TAMiami TRAIL PORT CHARLOTTE FL 33952

Mailing Address 4200-J TAMiami TRAIL PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0801868

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation owes the current year Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKATZKA, JAMES E 1326 WESLEY DR. #131 PUNTA GORDA FL 33950

81 Name

SKATZKA JAMES E

82 Street Address (P.O. Box Number is Not Acceptable)

83 705 BIMINI LN

84 City PUNTA GORDA

FL

85 Zip Code

33950

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETED NAME SKATZKA, JAMES E STREET ADDRESS 1326 WESLEY DR. #131 CITY-ST-ZIP PUNTA GORDA FL 33950

1.1 TITLE Change Addition 1.2 NAME 1.3 STREET ADDRESS 705 BIMINI LN. 1.4 CITY-ST-ZIP

TITLE VST DELETED NAME SKATZKA, SUSAN S STREET ADDRESS 1326 WESLEY DR. #131 CITY-ST-ZIP PUNTA GORDA FL 33950

2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS 705 BIMINI LN. 2.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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.

SIGNATURE: SKATZKA, JAMES E, President

7/7/99

941-766-8857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

SUN'S UP TANNING SALON
4200-J TAMiami TRAIL
PORT CHARLOTTE FL.33952
(941)766-TANN

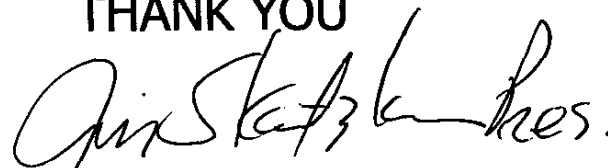
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7/7/99.

PLEASE ACCEPT OUR PAYMENT OF 150.00 AS FULL
PAYMENT. WE NEVER DID RECEIVE THE FIRST NOTICE
DUE TO A CHANGE OUR LANDLORD MADE IN THE
UNIT DESIGNATIONS. THE ONE ON OUR FORM IS
CORRECT BUT THE MAILPERSON WAS NEVER MADE
AWARE OF IT.

THANK YOU



JIM SKATZKA