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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 22 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072125 (2)

SILVER SPRINGS TAN U.S.A., INC.

Principal Place of Business Mailing Address 2701 SW COLLEGE RD. STE 101 2701 SW COLLEGE RD. STE 101 OCALA FL 34474 OCALA FL 34474 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1997 2. Principal Place of Business Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 22 Fee Required 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. □ No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARLOW, NORMAN 2701 SW COLLEGE RD, STE 101 Street Address (P.O. Box Number is Not Acceptable) 82 **OCALA FL 34474** 83 City Zip Code 85 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. OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE 1.2 NAME NAME STREET ADDRESS 3 STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Change Addition TITLE 2.1 TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE 3.1 THLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP Addition Change 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath, that I am an ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby co