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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 25 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700083855 (1)

EASY TAN OF FLORIDA, INC.

Principal Place of Business Mailing Address 2330 NORTH WICKMAN ROAD 2330 NORTH WICKMAN ROAD MELBOURNE FL 32935 MELBOURNE FL 32935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-8470173 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zin Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 *AMERILAWYER CHARTERED Debi 1305 h Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 84 Zip Code **32403** Indialantic 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 bolk, 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 (NO1£. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE TITLE 1.1 TITLE Change NAME BUSH, DEBIK 12 NAME 2330 NORTH WICKMAN ROAD STREET ADORESS 1.3 STREET ADDRESS MELBOURNE FL 32935 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change TITLE DELETE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TIFLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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 supplied effect as if made under oath; that I am an officer or director of the corporation or life 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 an ap attachment with an address.

6.4 CITY-ST-ZIP