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PROFIT **CORPORATION** annual report



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

1. Corporation Name P97000085396 (4)

PROSUN TANNING PALACE OF TAMPA, INC.

Mailing Address

FILED

Apr 10 1998 8:00am

Secretary of State

Principal Place of Business 2442 23ND ST. N. 2442 23ND ST. N. ST. PETERBURG FL 33713 ST. PETERBURG FL 33713 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/02/1997 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59 - 347 Not Applicable 12701 N. Dale Mabry Huy 26 Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Tampa 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 33618 USA Yes 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEREZ. FERNANDO III 401 E. JACKSON ST., STE. 2400 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 84 City Zip Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE President 1.1 TITLE Henkemans, Reinit T. 2442 23th St. N NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS St. Petarsburg FL 33713 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME **2.2 NAME** STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 exemption or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address.

4/2/98

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