

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90161 030 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000030067

1. Corporation Name

SUN GODDESS TANNING, INC.

Principal Place of Business  
1702 SOUTH WASHINGTON AVE  
TITUSVILLE FL 32780

Mailing Address  
1702 SOUTH WASHINGTON AVE  
TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1998

4. FEI Number

59-3502471

Applied For

No. 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

2. Principal Place of Business

21 1195 LaFair Street

Suite, Apt. #, etc.

22 City & State

23 Cocoa, Florida

Zip

24 32927

Country

25 US

2a. Mailing Address

26 1195 LaFair Street

Suite, Apt. #, etc.

27 City & State

28 Cocoa, Florida

Zip

29 32927

Country

30 US

9. Name and Address of Current Registered Agent

EVANS, JOHN H  
1702 SOUTH WASHINGTON AVE  
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name

LIANE D GILLIS

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

3065 SANDALWOOD LANE

83

84 City

TITUSVILLE

FL

85 Zip Code

32780

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

Liane D. Gillis

(NOT Registered Agent signature required when reinstating)

DATE

2-4-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANSON, KENNETH J	
STREET ADDRESS	2250 VISTA TERRACE	
CITY-STATE-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLIS, LIANE D	
STREET ADDRESS	3065 SANDALWOOD LANE	
CITY-STATE-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLIS, JEFFREY M	
STREET ADDRESS	3065 SANDALWOOD LANE	
CITY-STATE-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

Liane D. Gillis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-99 407-037-7555

CR2E034 (1/98)