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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
CORPORATIONS

Amended

DOCUMENT # P98000053922

Corporation Name

THE TATTOO CIRCUS, INC.

FILED

99 JUL 27 PM 12: 08

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8835 SW 40 STREET MIAMI FL 33165		Mailing Address 8835 SW 40 STREET MIAMI FL 33165	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBBINS, ROBERTA E 9300 S DADELAND BLVD STE 313 MIAMI FL 33156		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 date if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PVSD	1.1 TITLE	PRES, VICE PRES
NAME	BURMEISTER, SAMANTHA S	1.2 NAME	EMERSON FORTH
STREET ADDRESS	14875 SW 72 TERR	1.3 STREET ADDRESS	8835 SW 40 ST
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE		2.1 TITLE	SEC. TREASURER
NAME		2.2 NAME	SAMANTHA BURMEISTER
STREET ADDRESS		2.3 STREET ADDRESS	14875 SW 72 TERR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33193
TITLE		3.1 TITLE	
NAME		3.2 NAME	400002952844--1
STREET ADDRESS		3.3 STREET ADDRESS	-08/06/99--01070--014
CITY-ST-ZIP		3.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address, with all other like empowered.

SIGNATURE: *Samantha Burmeister* SAMANTHA BURMEISTER S.D

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Emerson FORTH EMERSON FORTH PV

Date

7-7-99

Daytime Phone

207-6522

SP