PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000061482

1. Corporation Name

ISLAND TAN, INC.

Principal	Place	of	Business
-----------	-------	----	----------

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90228 003 ***150.00



201 N. RIVERSIDE DRIVE SUITE C SUITE C INDIALANTIC FL 32903 INDIALANTIC FL 32903		SUITE C		DO NOT WRITE IN T	HIC CDACE	
			DO NOT WRITE IN TI	HIS SPACE		
	,			3. Date Incorporated or Qualifed 07/13/1998		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21 /070	N. Wickham Rd	26 1070 N. Wic	KhAm	59-3534173		Applicable
Suite, Apt.	#, etc. - 4 -	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
City & State	BOURNE FL	City & State 28 MelBourn E	76	6. Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to	,
Zip 24 .329 2	Country 3.5 25 45A	Zip 29 32935 30	Country <i>US A</i>	This corporation owes the current year Personal Property Tax.	☐ Yes	\$40
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent	
		•	81 Name	is shalf A Cassell	10	Í
DYER, DAVID W		82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	FIFTH AVENEU		20	1 N. RiversidE DRI	VE, Ste	· C
	E 205		83			
INUI	ALANTIC FL 32903		84 City	1.1.1.	85 Zip C	ode
			True	dialantic t		903
office or re	egistered agent, or both, in the State o	f Florida, Such change was author	ized by the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	e of changing its i opointment as reg	registered sistered
agent. I a	m familiar with, and occept the obligation	offs of, Section 607.0505, Florida S	Statutes.			
SIGNATURE	Signature, typed of printed name of registered agent	and title if applicable (NOTF: Regis	stered Agent signature requi	ired when (einstating) A-20-2 DATE	/	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE 1	1.1 TITLE		Change	Addition
NAME	GARDNER, JANE M	1	1.2 NAME			
STREET ADDRESS	201 N. RIVERSIDE DRIVE	Į.	1.3 STREET ADDRESS			ļ
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 CITY-ST-ZIP			
TITLE	VSTD	☐ DELETE 2	2.1 TITLE		Change	☐ Addition
NAME	CASSELLA, LIZABETH A		2.2 NAME			
STREET ADDRESS	201 N. RIVERSIDE DRIVE	Ì	2.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL 32903	<u>-</u>	2. 4 CITY-ST-ZIP			
TITLE		☐ DELETÉ :	3.1 TΠLE		Change	Addition
NAME		3	3.2 NAME			
STREET ADDRESS		3	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETÉ	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS		4	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME	I					
			5.2 NAME			
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
		-	1			
STREET ADDRESS			5.3 STREET ADDRESS		☐ Change	Addition

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 too 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 organ attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP