Principal Place of Business

NEW PORT RICHEY FL 34653

2. Principal Place of Business

Suite, Apl. #, etc.

4044 NEWPORT DRIVE

SUITE 201

Applied For

Not Applicable

\$8.75 Additional



FLORIDA DEPARTMEN- OF STALE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P98000078990 \
4. Camandian Mana	1 000000100001

TANNING USA, INC.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

SUITE 201 NEW PORT FICHEY FL 34653 FILED SEGRETARY OF STATE EVISION OF CORPORATIONS

995WL16 PM12: 14



DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified

09/14/1998

59-3533172

5. Cartificate of Status Desired

4. FEI Number

22		27			Lee Medican
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fecs
Zlp	Country	Zip	Country	8. This corporation owes the current	
24	25	29	30	Personal Properly Tax.	Yes Wino
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regi	itered Agent
343	RILAWYER ALMERIA AVENUE IAL GABLES FL 33134		81 Name K 82 Street Adv 4 U	VRT SUNTALE tress (P.O. Box Number is Not Acceptable) YY NEWFORT DR	t .ve # 20/
			84 CHYEV	PIRT RICHEY	FL BS Zio Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both. In the State or familiar with, and accept the obligation	' Florida. Such change was au	s, the above-named cor thorized by the corporat	poration submits this statement for the purp ion's board of directors. I hereby accept the	ose of changing its registered appointment as registered
SIGNATURE	KURT GONZAL Signature, typed or printed name of registered agent	E E (NOTE:	tografiand Klani signatur requi	y hay we string)	RIV 1999
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TILE :	PSTD	☐ DELETÉ	1.1 TITLE		☐ Change ☐ Add
NAME	GONZALEZ, KURT		12 NAME		
STREET ADDRESS	4044 NEWPORT DRIVE		1.3 STREET ACCRESS		
CITY-ST-ZEP	NEW PORT RICHEY FL 34653		1.4 CITY-ST-ZIP		
TITLE]	TVD	☐ DELETE	2.1 TITLE		Change Add
NAME	Brennan, Michael		22 NAME		
STREET ADDRESS	4044 NEWPORT DRIVE	•	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		2.4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.1 TITLE		☐ Change ☐ Apt
NAME	•		3.2 NAME		·
STREET ADDRESS			3.3 STREET ADDRESS		
ar.s.z.		<u></u>	34.CTY-ST-ZP		
TITLE		□ OELETE	4.1 TITLE		Change Add
NAME			4 2 NAME	-	
STREET ADDRESS			43 STREET ADDRESS		
CTTY-ST-ZIP			4.4 CATY-51-ZIP		
TITLE		OBTELE	5.1 TITLE		☐ Change ☐ Add
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	المطاب	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	אר	
TITLE		· DELETE	61 TITLE	*	Change Add
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C/TY-5T-ZEP			6.4 CITY-ST-ZIP		
14. I heraby co	ertify that the information supplied with	this filing does not qualify for t	ne exemption stated in	Section 119.07(3)(i), Florida Statutes, I furth	er 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 eath; 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:

Cint I of a

ADEIL 1994 (722) 845-4826

CR2E034 (11/98)

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