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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

SUPER TAN, INC.

•			

Principal Place of Business Mailing Address 12576 56 PLACE NORTH 1100 S. FEDERAL HWY

FILED
Apr 28 1997 8:00am
Secretary of State



ROYAL PALM	BEACH FL 33411	4 BOYNTON BEACH FL 33 US	3435-5650			3. Date Incorporated or Qualified	3a. Da	te of La	st Report
			<b></b>			02/12/1992		08/199	
<u> </u>	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0320028			Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>-</b>	5 Additional Required
City & State	9	City & State			· ·	Election Campaign Financing     Trust Fund Contribution			00 May Be led to Fees
Zip	Country	Zip	Cou	ntry	,	8. This corporation has liability for i	ntangible	tax und	er s. 199.032,
24	25	29	30				Yes [		
	g. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered /	gent	
	opin, Susan G.			81	Name				
515	N FLAGLER DR		•	82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	TE 300 PAVILION		į		5	1			
WE	ST PALM BEACH FL 33401		\	83	<u> </u>				
				84	City	·	FL	85	Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	s authorized	yd t	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of it the app	changi ointmen	ng its registered t as registered
SIGNATURE	Signature, typed or printed name of registered ago	on and blic if applicable (NC	D1E Registered	Age	ent signature requ	gred when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	P	☐ DELETE	1.1 10	L.F				☐ Char	nge 🔲 Addition
NAME	GOYETTE, SHERRY		1.2 NA	ME					
STREET ADDRESS	12576 56 PLACE N.		1.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	ROYAL PALM BEACH FL		1.4 Ci	1Y - S	ST-ZIP				
TITLE		☐ DELETE	2.1 111	LE				Char	ige 🔲 Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 \$T	REET	ADDRESS				
CITY-ST-ZIP			2. 4 CI	14-8	\$1-7IP				
TITLE		☐ DELETE	3.1 10	LE				☐ Char	ige 🔲 Addition
NAME			3.2 NA	ME	Ì				
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP			3 4. CI	TY-5	ST-2IP				
TM.E		☐ DELETE	4.1 111	LE				☐ Char	ige [_] Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 \$1	REET	ADDRESS				'
CITY-ST-ZIP			4.4 CI	TY - S	S1 - Z(P				
TITLE		DEL ETE	5.1 10	LE				Char	nge Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	reet	ADDRESS				•
CITY-ST-ZIP			5.4 01	1y-S	ST-ZIP				
TITLE		☐ DELETE	6.1 TII	LE				Chai	nge 🔲 Addition
NAME :			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET	ADDRESS				
CITY-ST-ZIP	<u> </u>		6.4 Cf	IY-S	ST-ZIP				
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St-ZP

| 64 City-St-ZiP | | 64 City-St-ZiP | | 100 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.