YEAR OF File Prior to:

1993

DOMESTIC CORPORATION ANNUAL REPOR

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION Jeile no. D-5361-718-2

COUNTY COOK X

1.) CHANGES ONLY: REGISTERED AGENT

REGISTERED OFFICE CITY, IL ZIP CODE

DENNIS G. TAHENY, LTD.

19 Watergate ×

S. Barrington, IL

 $60010 \, \mathrm{k}$

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92777236

2.) CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE

MICHAEL'S PROFESSIONAL TANNING SALON, INC. Dennis G. Taheny, Ltd., registered agent 19 Waterqate S. Barrington, Il 60010

FILED

COUNTE ENTRE H. RYAN. SECRETARY OF STATE

- 3.) Date Incorporated
- The names and residential ediffesses of ALL officers & directors MUST be listed here!

	<u> </u>			
OFFICE	NAME	NUMBER & STREET	CITY STATE ZIP	
President	Michael J. LaCovie	1741 W. Algonquin Ro	ad her opening 60056	23.5
Secretary	Michael J. LaCorte	same as above	T#0011 TRAN 7303 09/28/93 14:11	
Treasurer	Michael J. LaCorte	same as above	#0815 1 ×-93-777236	
Director	Michael J. LaCorte	same as above	COOK COUNTY RECORDER (1884)	
Director				
Director				
.) If 51% or	r more of the stock is owned by a min	ority or famile, please check app	ropriate box Minority Owned Female Owned	
i.) Number o	of shares authorized and issued (as of);		

CLASS	SEHIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
common	n/a	n/a	1000	100
,,				

IMPORTANT! Whenever the amount in item 6 or 7a differs from the Secretary of State's records, the enclosed PCA 14.30 must be completed. 7,000.00

7å.) The amount of paid-in capital as of

7,000.00 7b.) The Paid-in Capital on record with the Secretary of State is:

Authorized Officer's Signature)

President 8/26/93

(Title)

33777236

RETURN TO:

Jepartment of Business Services ecretary of State ipringfield, IL. 62756 elephone (217) 782-7808

ITEM 8 MUST BE SIGNED!

Under the penalty of perjury and as an authorized officer, I declare that this annual report and, it applicable, the statement of change of registered agent and/or office, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPOR

PRESIDENT

SECRETARY

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

Fila No.

PRESIDENT

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

SECRETARY

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

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