FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (1)F01509 ATLANTIC MASSAGE, INC. Principal Place of Business Mailing Address C/O KENNETH B CRENSHAW, P.A. C/O KENNETH B CRENSHAW. P.A 3175 S. CONGRESS AVENUE. SUITE 301 3175 S. CONGRESS AVENUE, SUITE 301 DO NOT WRITE IN THIS SPACE PALM SPRINGS FL 33461 PALM SPRINGS FL 33461 3. Date Incorporated or Qualified 10/14/1980 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2054560 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. ☐ Yes ☐ No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name CRENSHAW, KENNETH B. 3175 SOUTH CONGRESS AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 301 83 PALM SPRINGS FL 33461 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition CRENSHAW, DIANNE NAME 1.2 NAME 3175 S CONGRESS AVE #301 STREET ADDRESS 1.3 STREET ADDRESS PALM SPRINGS FL CITY - ST - ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE 2.1 TOTALE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 Title NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change __ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 suppliemental 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 composition or the receiver or trusting empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if griangid, or on an attachment pully an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition