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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000014383 (2)**

1. Corporation Name
ANKES MASSAGE THERAPY CLINIC, CO.

Principal Place of Business	Mailing Address
575 EAST BUCKINGHAM DRIVE LECANTO FL 34461	575 EAST BUCKINGHAM DRIVE LECANTO FL 34461-8552

3. Date Incorporated or Qualified: 02/25/1993
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business
21: 3750 US.1 SOUTH
22: Suite, Apt #, etc.
23: City & State: ST. AUGUSTINE, FL
24: Zip: 32095
25: Country: U.S.

2a. Mailing Address
26: 237 NESMITH AVE
27: Suite, Apt #, etc.
28: City & State: ST. AUGUSTINE 32095-3109
29: Zip: 32095
30: Country: US

4. FEI Number: 59-3167525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

NEUMANN, ANKE
575 EAST BUCKINGHAM DRIVE
LECANTO FL 34461

10. Name and Address of New Registered Agent

81 Name: JOHN NEUMANN
82 Street Address (P.O. Box Number is Not Acceptable): 237 NESMITH AVE
83:
84 City: ST. AUGUSTINE FL 85 Zip Code: 32095

11. Pursuant to the provisions of Sections 607.0500 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: John Neumann R.A. JOHN NEUMANN 1-29-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☐ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	NEUMANN-CACCIOLA, ANKE		1.2 NAME	NEUMANN, ANKE	
STREET ADDRESS	237 NESMITH AVE		1.3 STREET ADDRESS	237 NESMITH AVE	
CITY-ST-ZIP	SAN AUGUSTINE FL		1.4 CITY-ST-ZIP	SAN AUGUSTINE, FL	
TITLE		☐ DELETE	2.1 TITLE	VICE PRES., TREAS., SECR.	☐ Change ☑ Addition
NAME			2.2 NAME	NEUMANN, JOHN	
STREET ADDRESS			2.3 STREET ADDRESS	237 NESMITH AVE	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	SAN AUGUSTINE, FL.	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: John Neumann R.A. JOHN NEUMANN 1-29-97 344-8390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #