

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 PM 8:03

DOCUMENT # P93000042976 (9)

1. Corporation Name

WEST COAST MASSAGE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7715 HOLIDAY DR  
SARASOTA FL 34231

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SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

06/14/1993

04/18/1994

4. FEI Number

65-0418059

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt # etc.

26. Suite, Apt # etc.

23. City & State

27. City & State

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, TERRI  
1886 ROSE ST.  
SARASOTA FL 34239

81. Name

MARCIA GAUDET

82. Street Address (P.O. Box Number is Not Acceptable)

1850 NEPTUNE DR.

83.

84. City

ENGLEWOOD

FL

85. Zip Code  
34223

11. Pursuant to the provisions of Sections 607.0503 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

*Marcia Gaudet*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	P
NAME	JUDSON, TERRI
STREET ADDRESS	1886 ROSE ST
CITY & ZIP	SARASOTA FL
OFFICER	VP
NAME	LAVERACIC, MARCIA
STREET ADDRESS	510 FAUS OF VENICE
CITY & ZIP	VENICE FL
OFFICER	
NAME	
STREET ADDRESS	
CITY & ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY & ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY & ZIP	

1. OFFICER	P	MARCIA GAUDET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		1850 Neptune Dr.	
3. STREET ADDRESS		Englewood, Fla 34223	
4. CITY & ZIP			
5. OFFICER			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME			
7. STREET ADDRESS			
8. CITY & ZIP			
9. OFFICER			<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME			
11. STREET ADDRESS			
12. CITY & ZIP			
13. OFFICER			<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME			
15. STREET ADDRESS			
16. CITY & ZIP			

14. I hereby certify that the information supplied with this filing is substantially true and correct and equally for the purposes stated in Section 607.0503, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. 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 on Block 12 or Block 13 of this filing with a primary affiliation with an address.

SIGNATURE: *Marcia Gaudet* MARCIA GAUDET  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-25-95 813-9250028  
FILED