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 # P95000091354 (7)

AARON MATTES THERAPY, INC.

2932 LEXINGTON ST.	2932 LEXINGTON ST.
Principal Place of Business	Mailing Address
Dringing Change of Dringson	Median Address

FILED

Jan 14 1997 8:00am Secretary of State



Suits, April 4, etc. 2 Suits April 5, etc. 3 Suits April 6, etc. 4 Suits April 6, etc. 3 Suits April 6, etc. 4 Suits April 6, etc. 5	2932 LEXINGTON ST. SARASOTA FL 34231		2932 LEXINGTON ST. Sarasota fl 34231-6118					
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9. Name and Address of Current Registered Agent JABLOW, BENJAMIN A 1880 FRUTVILLE RD. SUITE 102 SARASOTA FL 34236 84 City FL 85 Zip Code 15. Florida Statutes 85 Name 86 City FL 85 Zip Code 16. Florida Statutes 87 Sireet Address (P.O. Box Number is Not Acceptable) 87 Sireet Address (P.O. Box Number is Not Acceptable) 88 Sireet Address (P.O. Box Number is Not Acceptable) 89 Sireet Address (P.O. Box Number is Not Acceptable) 89 Sireet Address (P.O. Box Number is Not Acceptable) 80 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 82 Sireet Address (P.O. Box Number is Not Acceptable) 83 Sireet Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Z	City & State City & State							
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SUTE 102 SARASOTA FL 34236 84				8	Name			
## City ## Compared to the provisions of Sections 607 0502 and 607 1508 Florids Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both in the Stor of Florids. 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 12.	SUIT	TE 102				dress (P.O. Box Number is Not Acceptal	ble)	
11. Pursuant to the provisions of Socients 607.0502 and 607.1508. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its register 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 register agent. I am tambar with, and accept the obligations of Sciente 607.0508, Florida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TIME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY ST. ZP. 15. SARASOTA FL 34231 14. CITY ST. ZP. 16. D. P. DELETE 17. SARASOTA FL 34231 14. CITY ST. ZP. 18. SARASOTA FL 34231 19. DELETE 19. SARASOTA FL 34231 19. Change Add 19. Add 19. SARASOTA FL 34231 19. Change Add 19. SARASOTA FL 34231 19. SARASOTA FL 34231 19. Change Add 19. SARASOTA FL 34231 19. SARASOTA FL 34231 19. Change Add 19. SARASOTA FL 34231 19. Change Add	SAH	ASUTA FL 34236			<u></u>			
11. Pressant to the provisions of Sections 607 6502 and 607 1508. Florida Statutes, the above-hamed conjouration submits this statement for the purpose of changing its register office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE				84	City		FL 85 21	o Code
Agent Tam familian with, and accept the chiligations of, Section 607 0505, Florida Statutes SIGNATURE 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE MARTES, JUDY 2322 LEXINGTON ST. SARASOTA FL 34231 DELETE 1 1 STREET ADDRESS CITY ST-ZP DELETE 1 1 STREET ADDRESS CITY ST-ZP AMME STREET ADDRESS CITY ST-ZP DELETE 2 3 STREET ADDRESS CITY ST-ZP DELETE 3 3 STREET ADDRESS CITY ST-ZP AMME STREET ADDRESS CITY ST-ZP AMME STREET ADDRESS CITY ST-ZP DELETE 3 STREET ADDRESS CITY ST-ZP AMME STREET ADDRESS STREET ADDR	11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	utes, the abo		rporation submits this statement for the	purpose of changing	its registered
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14. If 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 chapted or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNIN

Secretary MING OFFICER OR DIRECTOR

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