

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 17 1998 8:00am
 Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P97000028387 (3)
 1. Corporation Name

MARK EDWARDS PORTER MASSAGE, INC.



Principal Place of Business: 7210 RED ROAD, SUITE 202A, SOUTH MIAMI FL 33143
 Mailing Address: 7210 RED ROAD, SUITE 202A, SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1997

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip Country
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4. FEI Number: 65-0937441
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [checked] No

9. Name and Address of Current Registered Agent
 EDWARDS, MARK
 7210 RED ROAD, SUITE 202A
 SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent
 81 Name: MARK EDWARDS PORTER
 82 Street Address (P.O. Box Number is Not Acceptable): 7210 Red Rd suite 202A
 83
 84 City: South Miami FL 85 Zip Code: 33143

11. Pursuant to the provisions of sections 607.0502 and 607.508, 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: [Signature]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
 TITLE: PRESIDENT
 NAME: PORTER, MARK EDWARDS
 STREET ADDRESS: 7210 RED ROAD, SUITE 202A
 CITY-ST-ZIP: SOUTH MIAMI FL 33143
 [DELETE]


13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: [Change] Addition
 1.2 NAME: [Change] Addition
 1.3 STREET ADDRESS: [Change] Addition
 1.4 CITY-ST-ZIP: [Change] Addition
 2.1 TITLE: [Change] Addition
 2.2 NAME: [Change] Addition
 2.3 STREET ADDRESS: [Change] Addition
 2.4 CITY-ST-ZIP: [Change] Addition
 3.1 TITLE: [Change] Addition
 3.2 NAME: [Change] Addition
 3.3 STREET ADDRESS: [Change] Addition
 3.4 CITY-ST-ZIP: [Change] Addition
 4.1 TITLE: [Change] Addition
 4.2 NAME: [Change] Addition
 4.3 STREET ADDRESS: [Change] Addition
 4.4 CITY-ST-ZIP: [Change] Addition
 5.1 TITLE: [Change] Addition
 5.2 NAME: [Change] Addition
 5.3 STREET ADDRESS: [Change] Addition
 5.4 CITY-ST-ZIP: [Change] Addition
 6.1 TITLE: [Change] Addition
 6.2 NAME: [Change] Addition
 6.3 STREET ADDRESS: [Change] Addition
 6.4 CITY-ST-ZIP: [Change] Addition
 000002594000
 -07/21/98--01065--005
 ***150.00

14. I 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: [Signature]

6-30-98 305-669-8424

CR2E034 (5/98)



Mark Edwards Porter

Licensed Massage Therapist

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Attention Leslie

I spoke with Leslie in your Department on my Problem, I received the other day A second Notice For Annual Fee of Corporations, I never got A First Notice! I Am always on top of Licenses and Am Prompt. I Am so sorry this is Late I Also was not Made Aware of An Annual Fee, I hope you have it in your Heart to help me with this matter As \$500 is so much for me. Had I received A First Notice you would HAVE Had Payment right Away. Thank you for All your Help

Sincerely

Mark Porter

P.S. Leslie told me to send in check for \$150 and this letter.