

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90247 035 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000039003**

1. Corporation Name  
**GOLDEN HANDS THERAPY, INC.**



Principal Place of Business  
 2801 NE 183 STREET STE PH 2202  
 AVENTURA FL 33160

Mailing Address  
 2801 NE 183 STREET STE PH 2202  
 AVENTURA FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>SAME</b>	2a. Mailing Address 26 <b>SAME</b>	3. Date Incorporated or Qualified <b>04/28/1998</b>	4. FEI Number <b>*I HAVE NOT YET REGISTERED</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 <b>SAME</b>	Suite, Apt. #, etc. 27 <b>SAME</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
City & State 23 <b>SAME</b>	City & State 28 <b>SAME</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
Zip 24 <b>SAME</b>	Country 30 <b>SAME</b>	7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>RICHMAN, LOWELL 2801 NE 183 STREET STE PH 2202 AVENTURA FL 33160</b>	10. Name and Address of New Registered Agent 81 Name <b>SAME</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_ (NOTICE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>* I AM BECOMING</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RICHMAN, LOWELL</b>		1.2 NAME <b>A MASSAGE THERAPIST</b>	
STREET ADDRESS <b>2801 NE 183 STREET STE PH 2202</b>		1.3 STREET ADDRESS <b>AND PROBABLY WON'T BE</b>	
CITY-ST-ZIP <b>AVENTURA FL 33160</b>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>STARTING ANY BUSINESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME <b>UNTIL THE FALL OF 99.50</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>AT THE TIME I PLAN TO GET</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>MY FEI #. I WANTED TO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>KEEP THIS CORP. ALIVE</b>	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS <b>WITHOUT PENALTY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>SO ENCLOSED IS MY CHECK</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>WHICH COMES FROM</b>	
NAME		4.2 NAME <b>CASINO GAMBLING</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS <b>AS A LOAN UNTIL I GET</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>STARTED IN THE FALL.</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>IF I AM INCORRECT PLEASE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME <b>NOTIFY ME + I WILL GET A</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>FEI # TO YOU.</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Lowell Richman Pres. 4-24-99 (305) 933-3935  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)