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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

V58081 **DOCUMENT #** 

(3)

FLORIDA'S THERAPEUTIC MASSAGE SCHOOL, INC.

Principal Place of Business

Mailing Address



1900 Stript Stripts			1300 EAST GADSDEN PENSACOLA FL 32501 US			3. Date incorporated or 08/17/1992	Qualified	3a. Date o		t Report <b>1995</b>	;	
<b>2.</b> Pr	rinopal Place of Business	2a	. Mailing Address	····			4. FEI Number				Applied For	_
1	- 1	26					59-3168385			[	Not Applicable	
Suite, Apt #, etc.			Suite Apt. #, etc.			5. Certificate of Status	Desired	\$8.75 Additional Fee Required				
	Dity & State	28	City & State				Election Campaign F     Trust Fund Contribut	-			.00 May Be ided to Fees	
Zip Country 29			Zip	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
g. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
				[1	91	Name						
GERALDINE VAURIGAUD 1511 E. MALLORY ST.					B2	Street Address (P.O. Box Numiber is Not Acceptable)						
PENSACOLA FL 32503					вз			<del>-</del> -				
					84				FL	85	Zip Code	
	Pursuant to the provisions of Section or registered agent, or both, in the Stamiliar with, and accept the obligation	itale of Florida, Suc	th change was authoriz	red by the or	e-n orpo	iamed corpora oration's boar	ation submits this statemen d of directors. Thereby acc	t for the pur ept the appo	pose of char pintment as r	ng ng registe	its registered office ered agent. I am	à
SIGN	NATURE	respectation and the B	tan da anie (N.	11: Beocstered A	A.J.:	Figure regioned	1 which remediating		DATE			
Signal we speed or tracked name or registered a past at in the maps become  12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
							·					

12.	OFFICERS AND DIRECTOR	IS	<b>13</b> .	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1 : Tille	Change Addition
NAME	VAURIGAUD, GERALDINE		1.2 NAME	
STREET ADDRESS	1511 E. MALLORY ST.		13 STREET ADDRESS	ļ
CITY+\$1-2iF	PENSACOLA FL		1.4 CITY - \$1 - ZIP	
TITLE		DELETE	2 1 TITLE	Cnange Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			24 CrTY - ST - ZiP	
1)TLE		DELETE	3 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY - ST - 2IP	
TITLE		DELETE	4. † TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4 4 C TY - ST - ZIP	
TITLE		DELETE	5 1 TOLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 City - \$1 - 7iP	
TITLE		DELETE.	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CHY-SI-ZIP			€ 4 CHY - S1 - ZiP	Control State On the Life the

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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.

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 (24/96 (404) 433-8212 Daylore Price )