

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F95000001552

1. Corporation Name

PENSACOLA SCHOOL OF MASSAGE THERAPY, INC.

Principal Place of Business

5080 MOBILE HWY
PENSACOLA FL 32506
US

Mailing Address

5080 MOBILE HWY
PENSACOLA FL 32526
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1995

2. Principal Place of Business

21 913 N. BEAL PKWY STE. B

2a. Mailing Address

26 5080 Mobile Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 FORT WALTON BEACH

27 PENSACOLA

City & State

City & State

23 FLORIDA

28 FLORIDA

Zip

Country USA

Zip

Country U.S.A.

24 32549 25 AKALDOOSA

29 32506 30 U.S.A.

9. Name and Address of Current Registered Agent

FOUNTAIN, MIRANKA
2324 WINDSTONE DR.
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE

NAME
FOUNTAIN, MIRANKA
STREET ADDRESS
2324 WINDSTONE DR.
CITY-ST-ZIP
PENSACOLA FL 32526

TITLE ☐ DELETE

NAME
FOUNTAIN, MIRANKA
STREET ADDRESS
2324 WINDSTONE DR.
CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90239 018 ***158.75



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