

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 25 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J73894 (4)

1. Corporation Name

AMERICAN INSTITUTE OF MASSAGE THERAPY, INC.

Principal Place of Business

905 E. CYPRESS CREEK RD.
FT. LAUDERDALE FL 33334

Mailing Address

905 E. CYPRESS CREEK RD.
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1987

3a. Date of Last Report

03/11/1994

4. FEI Number

65-0002262

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election to Waive Franchise
Tax and Franchise Fee

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 2101 N. Federal Hwy

2a. Mailing Address

26 2101 N. Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft. Lauderdale, FL

City & State

28 Ft. Lauderdale, FL

Zip

24 33305

Country

Zip

29 33305

Country

9. Name and Address of Current Registered Agent

JONES, LEXA ALLIN
905 E. CYPRESS CREEK RD.
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name

Jones, Lexa Allin

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

2101 N. Federal Highway

83

84 City

Ft. Land.

FL

85 Zip Code

33305

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

Lexa Allin Jones

7/20/95

12. OFFICERS AND DIRECTORS

TITLE D
NAME JONES, RAYMOND J.
STREET ADDRESS 905 E. CYPRESS CREEK RD.
CITY, ST, ZIP FT. LAUDERDALE FL

TITLE D
NAME JONES, LEXA ALLIN
STREET ADDRESS 905 E. CYPRESS CREEK RD.
CITY, ST, ZIP FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

14. I do 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)(b), 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:

Lexa Allin Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/95

Date

(Signature Required)

CR2E034 (3/95)