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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # J73894

(4)

AMERIC	an inst	itute of Mas	sage thef	RAPY, INC.							
Principal Place of Business 2101 N FED HWY FT LAUDERDALE FL 33305 US			2101	Maining Address 2101 N FED HWY FT LAUDERDALE FL 33305-2531 US							
							3. Date Incorporated or Q 05/21/1987		Date of Last Re 3/13/1996	eport	
2. Principal P	face of Busin	ness	₁	ailing Address			4. FEI Number			plied For	
Suite, Apt #, etc.			26	Suite, Apt. #, etc			65-0002262			t Applicable	
22			∳ 1	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Regulred				
City & State				City & State			6. Election Campaign Fina	6. Election Campaign Financing \$5.00 May Be			
23			28	[28]		Trust Fund Contribution					
Ζιρ	Country		Zı	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,					
24		25	29		30		Florida Statutes	☐ Yes	□ No		
	· · · · · · · · · · · · · · · · · · ·	and Address of Cu	rrent Registere	ed Agent		1 ::-	10. Name and Address of	New Registered	Agent		
	VES, LEXA				81	Name					
2101 N FED HWY FORT LAUDERDALE FL 33305				82		Street /	Address (P.O. Box Number is Not Acceptable)				
FUR	KI LAUDER	NUALE PL 33305			83						
					84	City		FI	85 Zip C	Code	
11. Pursuarit	to the provis	sions of Sections 607.	.0502 and 607.1	1508, Florida Statu	tes the above	e-named	corporation submits this statement oration's board of directors. I here	for the purpose	of changing its	s registered	
office or n agent it a SIGNATURE	m tagellar w	gent or both, in the S jth, and accept the o for junted name of registers	bigations of Se UKEPLA	ection 607.0505, Fr	lorida Statute: A AULI	N 54	therland	by accept the ac	77	registered	
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14. I do hereby certify that the information supplies 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.

6.4 CITY - ST - ZIP

SIGNATURE

CITY-ST-ZIP

Seather and type on printer have of signing of the or processing

LEXA ALLIN SUTHERLAND

1/3/97

954568-6200

Daytime Phone: #

FILED

Jan 14 1997 8:00am

Secretary of State

CR2E034 (9/96)