

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **K80381**

**(2)**

1. Corporation Name

**MASSAGE BY DAVID, INC.**

Principal Place of Business

**1000B ORCHID SPRINGS DR.  
WINTER HAVEN FL 33884**

Mailing Address

**1000B ORCHID SPRINGS DR.  
WINTER HAVEN FL 33884**



2. Principal Place of Business

**21**

Suite, Apt. #, etc.

2a. Mailing Address

**26**

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**04/06/1989**

3a. Date of Last Report

**01/24/1995**

**22**

City, & State

**27**

City & State

4. FEI Number

**59-2943122**

Applied For  
Not Applicable

**23**

Zip

**28**

Zip

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**24**

Country

**29**

Country

6. Election Campaign Financing

Trust Fund Contribution

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

**30**

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

9. Name and Address of Current Registered Agent

**STEWART, DAVID F.  
126 AUDUBON RD  
WINTER HAVEN FL 33884**

81. Name

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

83.

84. City

**FL** 85. Zip Code

10. Name and Address of New Registered Agent

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 or position

(Not the Registered Agent signature required when reapplying)

DATE

**12.**

OFFICERS AND DIRECTORS

DELETE

**PSD**

**STEWART, DAVID F.  
126 AUDUBON ROAD  
WINTER HAVEN FL**

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

Change  Addition

**VT**

**STEWART, ANNA  
126 AUDUBON ROAD  
WINTER HAVEN FL**

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

Change  Addition

**OFFICER**

**OFFICER**

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

Change  Addition

**OFFICER**

**OFFICER**

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

Change  Addition

**OFFICER**

**OFFICER**

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

Change  Addition

**OFFICER**

**OFFICER**

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

Change  Addition

**OFFICER**

**OFFICER**

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)(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 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:** *David F. Stewart* **DAVID F. STEWART**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-16-96 1-941-325-9211**

Daytime Phone #

CR2E034 (12/95)