FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR -7 AM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K83899** **(0)**

1. Corporation Name

ORLANDO INSTITUTE - SCHOOL OF MASSAGE THERAPY, I NC.

Principal Place of Business	Mailing Address
CRAF OFFICCE PARK 18 PLUMOS AVE CASSELBERRY FL 32707	CRAF OFFICCE PARK 18 PLUMOS AVE CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1989
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21: 3385 S. Hwy 17-92
Suite, Apt. #, etc.
22: Ste #221
City & State
23: CASSELBERRY FL
Zip
24: 32707
Country
25: Seminole

2a. Mailing Address
26: Same as Business
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 59-2949620 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE
DAYTONA BEACH FL 32114

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: Lois Kazan - LOIS KAZAN (Signature of person signing and name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDT	11 TITLE	SDT ☑ Change ☐ Addition
NAME	KAZAN, LOIS	12 NAME	LOIS KAZAN
STREET ADDRESS	18 PLUMOSA AVENUE	13 STREET ADDRESS	3385 S. HWY 17-92 - Ste #221
CITY-ST-ZIP	CASSELBERRY FL	14 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	P	21 TITLE	P ☑ Change ☐ Addition
NAME	FLEMING, JILL M.	22 NAME	Jill M. Fleming
STREET ADDRESS	18 PLUMOSA AVENUE	23 STREET ADDRESS	3385 S. HWY 17-92 - Ste #221
CITY ST ZIP	CASSELBERRY FL	24 CITY ST ZIP	CASSELBERRY, FL 32707
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely furnished and 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.

SIGNATURE: Lois Kazan
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

4/4/95 (Date)

407-331-1101 (Daytime Phone Number)

0037133 CP