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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

Principal Place of Business

2285 S. HIGHWAY 17-92

K83899

(0)

ORLANDO INSTITUTE - SCHOOL OF MASSAGE THERAPY, I

NC.

Mailing Address 3385 S. HIGHWAY 17-92

SUITE 221 CASSELBERRY FL 32707

**FILED** May 01 1996 8:00 am Secretary of State

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SUITE 221 CASSELBERRY FL 32707 US		CAS US	CASSELBERRY FL 32707 US			3. Date Incorporated or Qualified 04/27/1989	3a. Date of Last Report 04/07/1995		
			no Addrose			4. FEI Number			plied For
Principal Place	of Business	1	ng Address			59-2949620			ot Applicable
Suite, Apt. #, 6	etc	26 Suite	e, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		27 City	& State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees
City & State		28		,		This corporation has liability for	intendible		
Zip	Country	Zip		Country		Florida Statutes     Florida Statutes	s No	ten comme	
	25	29		30		10. Name and Address of New	Registere	d Agent	
	9. Name and Address of Curre	nt Registere	d Agent			10. Name and Addition			
				61	Name				
PAI MET	TO CHARTER SERVICES, INC	C.		82	Street Addr	ress (P.O. Box Number is Not Accepta	ible;		
150 MA	GNOLIA AVE								
DAVIO	NA BEACH FL 32114			83					
DATIO	th perior reserve			84	City			85 Zip	Code
				1 '	1 '	ration submits this statement for the pard of directors. I hereby accept the ap	F	<u>L-                                     </u>	sintered office
familiar with	diagent, or both, in the State of Fic., and accept the obligations of, Se					ration submits this statement for the part of directors. Thereby accept the apparatus resisting	DAT		
<del></del> ·	OFFICERS A	AND DIRECTO		13.		ADDITIONS/CHANGLS TO O	FFICERS	Charge	Addition
2.								Ondrig	_
7.5	- Snt		DELETE	1 1 11116	Ì				
	SOT LOIS KAZAN		DELETE	1.2 NAME					
IAME	LOIS KAZAN	, suite 22	—	1,2 NAME					
ame Treet address	LOIS KAZAN 3385 S. HIGHWAY 17-92	, suite 22	—	1,2 NAME	T ADDRESS			[] (nanne	■ Addition
TREET ADDRESS	LOIS KAZAN 3385 S. HIGHWAY 17-92 CASSELBERRY FL	2, Suite 22	—	1.2 NAME 1.3 STREE	T ADDRESS -ST-ZIP			☐ Change	Addition
iame Street adoress Sity+St-Zip Ditle	LOIS KAZAN 3385 S. HIGHWAY 17-92 CASSELBERRY FL P	2, SUITE 22	1	1.2 NAME 1.3 STREE 1.4 CHTY	ET ADDRESS -ST-2IP			☐ Change	Addition
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certify that the information indicated on this arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certific that the information indicated on this arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certific that the information indicated on this arinual report or true the information indicated on this arinual report or true the information indicated on the same legal effect as if made under certific the information indicated on this arinual report or true the information indicated on this arinual report or true the information indicated on this arinual report or true the information indicated on the information indicated

SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

DIRECTOR 4-29-86. 407-331-1101