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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90258 001 \*\*\*158.75

| DO | CUN | <b>MENT</b> | # | K83899 |
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|    |     |             |   | 10000  |

1. Corporation Name

ORLANDO INSTITUTE - SCHOOL OF MASSAGE THERAPY, I

| NC.   |   | OF MINOCHAE THE   |  |   |  |                         |                   |   |  |                |
|---|---|---|--|---|--|-------------------------|-------------------|---|--|----------------|
| Principal Place   | e of Business   | Mailing Address   |  |   |  | 1 18414111              |                   | *************************************** | 2,211 0101) <b>0</b> 101   |                |
| 2285 S. HIGHW   | 'AY 17-92   | 3385 S. HIGHWAY 1   | 17-92  |   |  |                         |                   |   |  |                |
| SUITE 221   |   | SUITE 221   |  |   |  |                         | DO NOT WR         | ITE IN THU                              | S SPACE  |                |
| CASSELBERRY FL 32707  |   | CASSELBERRY FL :  | CASSELBERRY FL 32707   |   |  | 3 Date Incorno          | rated or Qualifed |   |  |                |
| us  |   | US  | 05   |   |  | 04/27/198               |                   |   |  |                |
| 2 Depoined P  | Inco of Business  | 2a. Mailing Addres  |  |   |  | 4. FEI Number           | <del></del>       |   |  | Applied For    |
| 2. Principal Place of Business  |   | <u>⊢</u>  | <u> </u>   |   |  | 59-29496                | 20                |   |  | Not Applicable |
| Suite Ant # etc   |   |   | Suite, Apt. #, etc.  |   |  |                         |                   | $\overline{\mathbf{v}}$                 |  | Additional     |
| Suite, Apt. #, etc.   |   | 27  |  |   |  | 5. Certifcate of        | Status Desired    | X                                       |  | Required       |
| City & State  |   | City & State  | 1  |   |  | 6 Election Can          | npaign Financing  |   | \$5.0  | 0 May Be       |
| ¬ ·   | •   | 28  |  |   |  | Trust Fund (            |                   |   |  | d to Fees      |
| 23  <br>Zip   | Country   | Zip   | C  | Country   |  |                         | tion owes the cur | rent vear Ir                            | ntangible  |                |
| 24  | 25  | 29  | 30   | -   | •  | Personal Pro            |                   | ,                                       | ☐ Yes  | XNo            |
| £ <del>4</del> [  | 9. Name and Address of Cui  |   |  |   |  |                         | Address of New    | Registered                              | i Agent  |                |
|   |   | <u> </u>  |  | 81  | Name   |                         |                   |   |  |                |
| DIÉH  | IL, STACEE R  |   |  |   | C11 4 d  | Harry (D.O. Boy Niver   | has in Net Appen  | labla)                                  |  |                |
| 5200  | LAKE AVENUE   |   |  | 82  | Street Ad  | dress (P.O. Box Num     | ber is Not Accept | iable)                                  |  |                |
| SAN   | FORD FL 32773   |   |  | 83  |  |                         |                   |   |  |                |
|   |   |   |  |   |  |                         |                   |   | 1.   |                |
|   |   |   |  | 84  | City   |                         |                   | FI                                      | 85   Zi  | p Code         |
| office or n   | to the provisions of Sections 607. egistered agent, or both, in the St  | ate of Florida, Such change   | a was authoriz   | e above-<br>zed by th   | -named oo  | tion's board of directo | ore I haraby acce | ot the appo                             | nintment as  | registered     |
| agent. I a<br>SIGNATURE   | m familiar with, and accept the ob  | Duck Section 607.05   | 505, Florida Si<br>57 K  | Granutes.   | ER.  | DIEHL                   |                   | 4/29<br>DATE                            | 199  |                |
| agent. I a  | m familiar with, and accept the ob-   | Duck Section 607.05   | ST K   | Granutes.   | ER.  | DI E HL                 |                   | 4/29<br>DATE                            | 199  |                |
| agent. I a<br>SIGNATURE   | m familiar with, and accept the ob-   | agent and title if applicable   | ST K (NOTE: Registe  | Tatutes.<br>PCE<br>ered Agent   | ER.  | DI E HL                 | γ. P.             | 4/29<br>DATE                            | 199  | TORS IN 12     |
| agent. I a SIGNATURE  12. TITLE   | of fricers  Signature, typed or printed name of registered  OFFICERS  | agent and title if applicable  AND DIRECTORS                          | (NOTE: Registe   | 4 C E<br>ered Agent   | ER.  | DI E HL                 | γ. P.             | 4/29<br>DATE                            | /9 9<br>ND DIRECT  | TORS IN 12     |
| agent. I a SIGNATURE  12. TITLE NAME  | of FICERS  VP  DIEHL, STACEE R  | agent and title if applicable  AND DIRECTORS                          | ST   | PCE<br>ered Agent<br>13.  | E R.   | DI E HL                 | γ. P.             | 4/29<br>DATE                            | /9 9<br>ND DIRECT  | TORS IN 12     |
| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS   | of FICERS  VP  DIEHL, STACEE R  5200 LAKE AVE   | agent and title if applicable  AND DIRECTORS                          | (NOTE: Register 1.   | PCE<br>ered Agent s<br>13.<br>1 TITLE<br>2 NAME<br>3 STREET A   | E R. signature requ  | DI E HL                 | γ. P.             | 4/29<br>DATE                            | /9 9<br>ND DIRECT  | TORS IN 12     |
| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP  | Signature, typed or printed name of registered OFFICERS VP DIEHL, STACEE R 5200 LAKE AVE SANFORD FL 32773   | agent and title if applicable  AND DIRECTORS                          | (NOTE: Register 1.   | PCE<br>ared Agent s<br>13.<br>1 TITLE<br>2 NAME   | E R. signature requ  | DI E HL                 | γ. P.             | 4/29<br>DATE                            | /9 9<br>ND DIRECT  | FORS IN 12 e   |
| agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE   | Signature, typed or printed name of registered OFFICERS VP DIEHL, STACEE R 5200 LAKE AVE SANFORD FL 32773 PST   | i agent and title if applicable  6 AND DIRECTORS                      | (NOTE: Register 1: 12  | P C F<br>P | E R. signature requ  | DI E HL                 | γ. P.             | 4/29<br>DATE                            | /99<br>ND DIRECT   | FORS IN 12 e   |
| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | Signature, typed or printed name of registered OFFICERS VP DIEHL, STACEE R 5200 LAKE AVE SANFORD FL 32773 PST JILL M. FLEMING   | agent and title if applicable  S AND DIRECTORS  DEL                   | (NOTE: Registe (NOTE: Registe 1: ETE 1: 1: 1: 1: 1: 2: ETE 2:  | P C F<br>ered Agent s<br>13.<br>.1 TITLE<br>2 NAME<br>.3 STREET A<br>.4 CITY-ST-<br>.1 TITLE  | E R. signature requ  | DI E HL                 | γ. P.             | 4/29<br>DATE                            | /99<br>ND DIRECT   | FORS IN 12 e   |
| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Signature, typed or printed name of registered OFFICERS VP DIEHL, STACEE R 5200 LAKE AVE SANFORD FL 32773 PST JILL M. FLEMING 3385 S. HIGHWAY 17-92, S                | agent and title if applicable  S AND DIRECTORS  DEL                   | (NOTE: Register 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:   | PCE ered Agent in 13.  1 TITLE 2 NAME 3 STREET A 4 CITY-ST- 1 TITLE 2 NAME 3 STREET A 5   | E R. signature required ADDRESS -ZIP ADDRESS                             | DI E HL                 | γ. P.             | 4/29<br>DATE                            | /99<br>ND DIRECT   | FORS IN 12 e   |
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14. I hereby certify that the information supplied 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, with all other like empowered.

SIGNATURE: