

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L68988 (9)  
1. Corporation Name  
LICENSED MASSAGE THERAPY INC.

Principal Place of Business  
6325 PRESIDENTIAL COURT  
SUITE 7B  
FT MYERS FL 33919  
US

Mailing Address  
6325 PRESIDENTIAL COURT  
SUITE 7B  
FT MYERS FL 33919-3515  
US



2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
04/30/1990

3a. Date of Last Report  
04/11/1996

4. FEI Number  
65-0208096

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  
GRIFFITHS, DARLAJEAN M  
105 S.E. 46TH LANE  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DPS			<input type="checkbox"/>
	GRIFFITHS, DARLAJEAN M	105 S.E. 46TH LANE	CAPE CORAL FL 33904	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1.1				<input type="checkbox"/>	<input type="checkbox"/>
1.2					
1.3					
1.4					
2.1				<input type="checkbox"/>	<input type="checkbox"/>
2.2					
2.3					
2.4					
3.1				<input type="checkbox"/>	<input type="checkbox"/>
3.2					
3.3					
3.4					
4.1				<input type="checkbox"/>	<input type="checkbox"/>
4.2					
4.3					
4.4					
5.1				<input type="checkbox"/>	<input type="checkbox"/>
5.2					
5.3					
5.4					
6.1				<input type="checkbox"/>	<input type="checkbox"/>
6.2					
6.3					
6.4					

14. I do 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.

SIGNATURE:

*[Signature]*

1-28-97

(941) 481-5033

CR2E034 (9/96)