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Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000650 (9)

1. Corporation Name

AMERICAN SPA THERAPY EDUCATION AND CERTIFICATION COUNCIL, INC.



Principal Place of Business

Mailing Address

321 15TH STREET
WEST PALM BEACH FL 33401

321 15TH STREET
WEST PALM BEACH FL 33401-2718

3. Date Incorporated or Qualified
02/07/1996

3a. Date of Last Report
N.A.

2. Principal Place of Business

21 THE BRAMHAM INSTITUTE

2a. Mailing Address

26 450 AVENUE OF THE CHAMPIONS

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PALM BEACH GARDENS

City & State

28 FLORIDA

Zip

24 33415

Country

25 U.S.A.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BRAMHAM, ANNE T
321 15TH STREET
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name ANNE BRAMHAM (T).
82 Street Address (P.O. Box Number is Not Acceptable) 355-1 PRESTNICK CIRCLE
83
84 City PALM BEACH GARDENS FL 85 Zip Code 33418

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAMHAM, ANNE T	
STREET ADDRESS	1510 15TH COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANON, NORMAN	
STREET ADDRESS	115 NAUTICAL WAY	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STUBER, JAMES A	
STREET ADDRESS	1400 VILLAGE BLVD. STE 918	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SARA BRAMHAM	
1.3 STREET ADDRESS	355-1 Prestnick Circle,	
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NANCY M. GRIFFIN	
3.3 STREET ADDRESS	775 E. BLITHEDALE, #270, MILL VALLEY	
3.4 CITY-ST-ZIP	CA 94941	
4.1 TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DR. JONATHAN PAUL DE VIerville	
4.3 STREET ADDRESS	204 ALAMO PLAZA, SAN ANTONIO	
4.4 CITY-ST-ZIP	TX 78205	
5.1 TITLE	MARION SCHNEIDER, BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WUNDERWALDSTRASSE, 99518 BAD SULZA	
5.3 STREET ADDRESS	GERMANY	
5.4 CITY-ST-ZIP		
6.1 TITLE	DEBORAH EVANS, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	14706 HORNBY HILL RD.	
6.3 STREET ADDRESS	RUSTIN, TX 78734	
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

CR2E037 (9/96)