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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90166 002 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000650

1. Corporation Name

AMERICAN SPA THERAPY EDUCATION AND CERTIFICATION  
COUNCIL, INC.

\* 3 6 2 2 6 3 3 \*  
362633 - 90166 - 2

Principal Place of Business

Mailing Address

THE BRAMHAM INSTITUTE  
PALM BEACH GARDENS FL 33415  
US

450 AVENUE OF THE CHAMPIONS  
WEST PALM BEACH FL 33401  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 7100 - 39 FAIRWAY DR #101A

02/07/1996

23 City & State

27 # 101A

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

24 Zip

25 Country

28 Palm Beach Gardens, FL

29 33418

30 USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAMHAM, ANNE T  
3355-1 PRESTWICK CIRCLE  
PALM BEACH GARDENS FL 33418

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 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, typed or printed 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 PD  DELETE  
NAME BRAMHAM, ANNE T  
STREET ADDRESS 355-1 PRESTWICK CIR  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

1.1 TITLE  Change  Addition  
1.2 NAME D EAVENSON, BRADLEY  
1.3 STREET ADDRESS 1300 S. A1A, #625  
1.4 CITY-ST-ZIP JUPITER, FL 33477

TITLE D  DELETE  
NAME ANON, NORMAN  
STREET ADDRESS 115 NAUTICAL WAY  
CITY-ST-ZIP JUPITER FL 33477

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME STUBER, JAMES A  
STREET ADDRESS 1400 VILLAGE BLVD. STE 918  
CITY-ST-ZIP WEST PALM BEACH FL 33409

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME BRAMHAM, SARA  
STREET ADDRESS 355-1 PRESTWICK CIRCLE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE O  DELETE  
NAME GRIFFIN, NANCY M  
STREET ADDRESS 775 E BLTHEDALE, #270  
CITY-ST-ZIP MILL VALLEY CA

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME EVANS, DEBORAH  
STREET ADDRESS 14706 HORNSBY HILL BLVD  
CITY-ST-ZIP AUSTIN TX 78734

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 617, 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:

*SARA BRAMHAM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 5617486573  
Date Daytime Phone #

0065362

CR2E037 (11/98)