Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90128 044 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000049747

1. Corporation Name

PROFESSIONAL THERAPEUTIC MASSAGE, INC.

Principal Place	o of Queinose	Mailing Address							
Principal Place of Business Mailing Address Mailing Address 440 COUTH HIND LANE				بالدين ا			<u> </u>		
440 SOUTH JUNO LANE JUNO BEACH FL 33408 440 SOUTH JUNO LANE JUNO BEACH FL 33408			,	•		DO NOT	WRITE IN THI	S SPACE	
1						3. Date Incorporated or Qua			
	. •					07/12/1993	inea		•
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Api	olied For
21 1421 0	- US thousand	26				65-0423967		Not	t Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🔲	\$8.75 A	
22 27								Fee Re	·
City & Ster	te D	City & State			_	6. Election Campaign Finance	cing 🔲	\$5.00	, ,
23 Jens Besch FL 28						Trust Fund Contribution		Added to	o Fees
⊢ ∵ .	Zip Country Zip			intry		8. This corporation owes the current year Intangible Personal Property Tax 26 Yes			
24 334-8	· 140 8 25 70 cm / Deach	. [29]	30			Personal Property Tax.	and Davidson		LINO
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of N	ew registered	1 WARIIT	
WALLICK, DAVID M									
440 SOUTH JUNO LANE			= ::	82 Street Address (P.O. Box Number is Not Acceptable)				ĺ	
JUN	IO BEACH FL 33408			83					
	,			24	<u> </u>	<u> </u>		85 Zip C	odo
				84	City		F	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	bove	-named corp	poration submits this statement for	r the purpose o	of changing its	registered
office or i	registered agent, or both, in the State of the familiar with, and accept the obligation	of Florida, Such change was a ions of, Section 607.0505, Flo	utnonzet rida Stat	o by t utes.	ne corporation	on s board of directors. I flereby	ocept the app	Sintinicin as ref	JISTOI GO
SIGNATURE	•								
	Signature, typed or printed name of registered agent			Agent	signature require	d when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO	DC IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TI	TI C		ADDITIONS/CHANGES IT	OFFICERS	☐ Change	Addition
TITLE	WALLICK, DAVID M	C) DELETE	1.1 H			•			
NAME	440 COUTU HINO LAND		1				-	•	,
STREET AODRESS	JUNO BEACH FL 33408		- E		ADDRESS				
CITY-ST-ZIP	JUNO BEACH FL 33408	DELETE		TY-51	-ZIP			☐ Change	Addition
TITLE		☐ DELETE	2.1 TI					C Allenda	
NAME			2.2 N			•	•		}
STREET ADDRESS					ADDRESS		,		
CITY-ST-ZIP		☐ DELETE	_	πY-ST	-ZiP		<u> </u>	Change	Addition
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NAME			3.2 N						
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NAME]		4.2 N						İ
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CITY-ST-ZIP			_	ITY-ST	-ZIP				□ 4 3 3 6 5
TITLE		☐ DELETE	5.1 TI					. Change	☐ Addition
NAME	1		,5.2 N	AME			- '		Į
STREET ADDRESS									
1	1		5.3 S	TREET	ADDRESS				
CITY-ST-ZÎP	. 18 t. 100 miles	. DELETE	5.4 C	TREET ITY-ST	-ZIP			☐ Change	Addition

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under onth; that I am an officer or director of the section or the receiver or trustee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the **
Block 12 or Block 11

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZEP

SIGNATURE: 9

. 7.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

72.00