

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suwila B. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051622 (7)

1. Corporation Name

ALTAMONTE MASSAGE CLINIC, INC.

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 4:54

Principal Place of Business
222 NEWBURYPORT AVE.
SUITE 200
ALTAMONTE SPRINGS FL 32701

Mailing Address
222 NEWBURYPORT AVE.
SUITE 200
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/19/1993	3a. Date of Last Report 03/07/1994
4. FEI Number 59-3194781	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	

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

ROTH, DIANA L
222 NEWBURYPORT AVE.
SUITE 200
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ROTH, DIANA L	1.2 NAME	
STREET ADDRESS	1398 WINDY RIDGE CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32750	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diana L. Roth Diana L. Roth 1-30-95 (407) 831-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Area #)