

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 APR 25 AM 8:17

DOCUMENT # P93000060740 (6)

1. Corporation Name

CENTER FOR STRESS MANAGEMENT AND RELAXATION TRAINING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

30 S.E. 1ST AVE.
DELRAY BEACH FL 33444

Mailing Address

P. O. BOX 2464
DELRAY BEACH FL 33444-2464
US

DO NOT WRITE IN THIS SPACE.

INACTIVE - NO POLICE AT THIS TIME

3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

2a. Mailing Address

21 N/A

26

4. FEI Number

65-0457879

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

25

29

30

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRAUSS, RADA F

30 S.E. 1ST AVE.

DELRAY BEACH FL 33444

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2793 HAMPTON CIRCLE SOUTH

83

84 City DELRAY BEACH

FL

85 Zip Code 33445

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

D

NAME

STRAUSS, RADA F

STREET ADDRESS

30 S.E. 1ST AVE.

CITY - ST - ZIP

DELRAY BEACH FL 33444

TITLE

D

NAME

STRAUSS, MICHAEL

STREET ADDRESS

30 S.E. 1ST AVE.

CITY - ST - ZIP

DELRAY BEACH FL 33444

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

2793 HAMPTON CIRCLE SOUTH

1.4 CITY - ST - ZIP

DELRAY BEACH, FL 33445

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2793 HAMPTON CIRCLE SOUTH

2.4 CITY - ST - ZIP

DELRAY BEACH, FL 33445

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/95 (407) 637-3550