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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000060740 (6)

1. Corporation Name

CENTER FOR STRESS MANAGEMENT AND RELAXATION TRAINING, INC.

Principal Place of Business

Mailing Address

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

P. O. BOX 2464
DELRAY BEACH FL 33447-2464
US

2. Principal Place of Business

2a. Mailing Address

21

26

1561 So. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

195

City & State

City & State

23

28

DELRAY BEACH FL

Zip

Country

Zip

Country

24

25

29

33445

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0457879

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

STRAUSS, RADA F
2793 HAMPTON CIRCLE SO.
DELRAY BEACH FL 33445

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME STRAUSS, RADA F
STREET ADDRESS 2793 HAMPTON CIRCLE SOUTH
CITY-ST-ZIP DELRAY BEACH FL

TITLE D DELETE

NAME STRAUSS, MICHAEL
STREET ADDRESS 2793 HAMPTON CIRCLE SOUTH
CITY-ST-ZIP DELRAY BEACH FL

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

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

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

SIGNATURE

RADA F. STRAUSS

4-16-97 (511) 276-2227

CR2E034 (9/96)