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

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90012 032 ***150.00

DOCUMENT #	P93000060740
Corporation Name	1 30000007 70

CENTER FOR STRESS MANAGEMENT AND RELAXATION TRAINING, INC.

l	e of Business	Mailing Address				·		
90 S.E. 13T A		1561 S CONGRESS AVE						
-DELRAY BEAC	H FL 33444	#195				DO NOT WRITE IN T	THIS SDACE	
		DELRAY BCH FL 33445 US				3. Date Incorporated or Qualifed	HIS SPACE	
		00				08/26/1993		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
	ATLANTIC AVE #8	26				65-0457879	} 	Not Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.				00 043/0/3	\$8.7	5 Additional
22 DELLA	HY BEARLY, FL	27				5. Certifcate of Status Desired		Required
City & Stat		City & State				6. Election Campaign Financing	\$5.0	00 May Be
23 3348	} 3	28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Countr	ry		8. This corporation owes the current year	r Intangible	12.11
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	red Agent	
			8.	1 1	Vame			
	AUSS, RADA F		82	2 5	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	B HAMPTON CIRCLE SO.		"	۱,	ou oct riddio.	33 (1.0. Box Hamber is Not Acceptable)		
DELI	RAY BEACH FL 33445		8:	3			·	
			84	4	Nib.		105 7	(- C-d-
			0.	۱ ۱	City		FL 85 ^Z	ip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above	ve-n	amed corpor	ration submits this statement for the purpose	e of changing	its registered
office of re agent. La	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Fiorida. Such change was ai ons of, Section 607.0505, Floi	utnorized by rida Statute	y the s.	e corporation	n's board of directors. I hereby accept the ap	opointment as	registered
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	ent sig	gnature required v	when reinstating) DATE		
	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE				Chang	ge ∐ Addition
NAME	STRAUSS, RADA F	_	1.2 NAME					
NAME STREET ADDRESS	2793 HAMPTON CIRCLE SOUTH	ł	1.2 NAME 1.3 STREE		DRESS			
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/98

Daytime Phone #

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