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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION C	F CORPORATIONS		
DOCU	MENT # P9300	00067836 (5)		
1. Corporatio	n Name Stress Massage Thera	•	•		
74411	OTTICOO MINOUNGE THERM	F 1, 1146.		A SUMMA CHAILE AREA CAN LEBRICATE E	Bijt Adini Adini Shifi Idaan 1878a kina am 1888
Dringing Diagra					
Principal Place of Business 9019 PARK BLVD.		Mailing Address		A LOSIGISCO DE TOTAL APPLICACION DE	nas abris nėsio nitri (nuor 1818ė filitė 914) (96)
SUITE 102	BLVU.	9303 BARDMOOR BI #204	LVD.		
SEMINOLE FL 34647 US		LARGO FL 34647			
U3				 Date Incorporated or Qualified 09/23/1993 	3a. Date of East Report 07/14/1995
2. Principal Pl.	ace of Business	2a. Mailing Address		4. FEI Number	Applied for
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3237749	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip		28		Trust Fund Contribution	Added to Fees
24	Country 25	Ζ ₍ ρ	Country	8. This corporation has liability for	intangible tax under s. 199.032,
	9. Name and Address of Curren	l Registered Agent	30	Florida Statutes Yes 10. Name and Address of New	s No
			81 Name	10. Name and Address of New	Registered Agent
	R, JOHN R		82 Street	Address (P.O. Box Number is Not Accepta	SIA.
100 2ND AVENUE SOUTH NORTH TOWER, SUITE 400 ST. PETERSBURG FL 33701			Li	Address (F.O. Box Homber is Not Accepta	oie;
			83		
OI. FE	Ensbung FL 33/01		84 City	PA 4	■■ 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508. Florida Statut	os the shove parred o	orporation submits this statement for the pu	
or registere familiar wit	ed agent, or both, in the State of Florid h. and accept the obligations of, Section	Such change was authorized 607 0505. Florida Statutos	ed by the corporation's	orporation submits this statement for the pur board of directors. I hereby accept the app	ripose of changing its registered office Dointment as registered agent. I am
SIGNATURE	3	- Vo V. SOSS, Florida Statutes	y.		-
12.	Signature: Specifior protect name of registered layers.		ITE Blogereen: A jent seji at ze r	·	CATE
TITLE	OFFICERS AND	DELETE	13.	ST AUDITIONS/CHANGES TO OFF	
NAME	MCWADE, MADELINE M	butters	1.2 NAME	DARRYL CURCI 2303 BORDHOCK	Change X Addition
STREET ADDRESS	8303 BARDMOOR BLVD. #20	14	13 STHEFT ADDRESS	2303 BORDHOCK	B(00"204
CITY - ST - ZIP	LARGO FL		1.4 CiTY - ST - ZIP	LA1200 7 (3	4647
TIFLE	ST MACON CHANK	DELETE	2 1 TITLE		Change Addition
NAME STOREST ADDRESS	MASON, SHAN V. 8303 BARDMOOR BLVD., #20	N	2.2 NAME		
STREET ADDRESS CITY - ST - ZIP	LARGO FL	J 4	2 9 STHEET ADDRESS		
Tiflit	500012	☐ DELETE	2.4 CI!Y - S* - ZIP 3.1 TITLE		
NAME		Dettit	3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	77.0		3.4 CHTY - S1 ZIP		
TITLE		☐ DELETE	4 + 111LF		Change Addition
NAME STOCK LABOROGO			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 C(1) - S(1-2)P		
HAME		C ptitit	5 1 TITLE 52 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIF			5 4 CHY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. Ldo hereby	Certify that the information supplied	the stain Character and	6.4 CH Y SY-7(P		ł

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)(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 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

4/34/96 (813)397-2247