FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000074820 (0)**

1. Corporation Name

A BETTER MASSAGE THERAPEUTIC MASSAGE CENTERS, IN C.

Principal Place of Business	Mailing Address
3108 DEL PRADO BLVD. SUITE 3 CAPE CORAL FL 33904	3108 DEL PRADO BLVD. SUITE 3 CAPE CORAL FL 33904

3. Date Incorporated or Qualified: **10/28/1993**

3a. Date of Last Report: **04/10/1995**

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

4. FEI Number: **65-0455658** ☐ 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

9. Name and Address of Current Registered Agent

~~KLUNDER, KATHLEEN~~
~~3108 DEL PRADO BLVD.~~
~~CAPE CORAL FL 33904~~

10. Name and Address of New Registered Agent

81 Name: Jennifer Herrmann & Richard Herrmann

82 Street Address (P.O. Box Number is Not Acceptable): 4916 Harbour City Blvd.

83 Ft. Myers

84 City: FL 85 Zip Code: 33919

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jennifer Herrmann, President Richard E Herrmann Secretary/Treasurer DATE: 3/11/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☒ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	~~KLUNDER, KATHLEEN~~		1.2 NAME	Jennifer Herrmann	X
STREET ADDRESS	~~1102 SW 40 TERRACE~~		1.3 STREET ADDRESS	4916 Harbour City Blvd	
CITY-ST-ZIP	~~CAPE CORAL FL 33914~~		1.4 CITY-ST-ZIP	Ft Myers, FL 33919	
TITLE	~~STD~~	☒ DELETE	2.1 TITLE	Secretary/Treasurer	X ☐ Change ☐ Addition
NAME	~~CERERRO, ANNEMARIE~~		2.2 NAME	Richard Herrmann	
STREET ADDRESS	~~708 SE 21 AVENUE~~		2.3 STREET ADDRESS	4916 Harbour City Blvd	
CITY-ST-ZIP	~~CAPE CORAL FL 33990~~		2.4 CITY-ST-ZIP	Ft Myers, FL 33919	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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

SIGNATURE: Jennifer Herrmann, Jennifer Herrmann 3/11/96 (941)410-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #