

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081934 (0)

1. Corporation Name

MASSAGE RESOURCES, INC.

Principal Place of Business

1001 SOUTH COLLIER BLVD.
SUITE 304
MARCO ISLAND FL 33937

Mailing Address

1001 SOUTH COLLIER BLVD.
SUITE 304
MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0459165

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

MORRIS, WILLIAM G
247 N. COLLIER BLVD.
SUITE 202
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if applicable) _____ Signature of Registered Agent (if applicable) _____

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP
BOFF, ROSALIE M	1001 S. COLLIER BLVD., # 304	MARCO ISLAND	FL	33937

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am not responsible for the consequences stated in Sections 607.0502, 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. 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 of this report or on an attachment thereto.

SIGNATURE:

Rosalie M. Boff
Rosalie Boff

4-28-95 813-6428093