

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 # P94000018106 (2)

1. Corporation Name

FLORIDA ACADEMY OF MASSAGE, INC.



Principal Place of Business

% ROBERT D. ROYSTON  
12670 NEW BRITTANY BLVD., STE. 101  
FORT MYERS FL 33907

Mailing Address

% ROBERT D. ROYSTON  
12670 NEW BRITTANY BLVD., STE. 101  
FORT MYERS FL 33907

3. Date Incorporated or Qualified  
03/08/1994

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

21 1616 Windswept Ave.  
Suite, Apt. #, etc.

2a. Mailing Address

26 1616 Windswept Ave.  
Suite, Apt. #, etc.

4. FEI Number  
65-0473576

Applied For  
Not Applicable

22 City & State

23 Naples, Florida

24 Zip

25 33942

Country

25 U.S.A.

27 City & State

28 Naples Florida

29 Zip

29 33942

Country

30 U.S.A.

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

ROYSTON, ROBERT D JR.  
12670 NEW BRITTANY BLVD.  
SUITE 101  
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name Michael J. Vogel  
82 Street Address (P.O. Box Number is Not Acceptable)  
1616 Windswept Ave.  
83  
84 City Naples FL 85 Zip Code 33942

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

Michael J. Vogel Pres.

Michael J. Vogel Reg Agent

DATE 4/11/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	VOGEL, MICHAEL J	8695 COLLEGE PARKWAY, SUITE 110	FT MYERS FL 33919	<input type="checkbox"/>
D	VOGEL, ADANIS C	8695 COLLEGE PARKWAY, SUITE 110	FT MYERS FL 33919	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

Michael J. Vogel

DATE 4/11/96

941-598-5012

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)