

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 15 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000022379 (9)

1. Corporation Name:

GUS'S THERAPEUTIC MESSAGES, INC.



Principal Place of Business

8800 W. SAMPLE ROAD
STE. 206
CORAL SPRINGS FL 33065

Mailing Address

510 NW 105TH DRIVE
CORAL SPRINGS FL 33071-7916

3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

01/24/1996

2. Principal Place of Business

21 SALON EMANUEL

2a. Mailing Address

26 ~~10367 W. SAMPLE RD.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 10367 W. SAMPLE RD.

27

City & State

City & State

23 CORAL SPRINGS FL.

28

Zip

Country

Zip

Country

24 33065

25 U.S.A.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARENTE, GIUSTINO
510 NW 105TH DRIVE
CORAL SPRINGS FL 33071

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 607.0505, Florida Statutes.

SIGNATURE

Signature of person named in Block 9, 10, 11, and 12, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE

NAME PARENTE, GIUSTINO
STREET ADDRESS 510 NW 105TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PARENTE, GIUSTINO
STREET ADDRESS 510 NW 105TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0185717

CR2E034 (9/96)