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Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90058 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000024875

1. Corporation Name  
HEALTH BUILDERS SCHOOL OF THERAPEUTIC MASSAGE, I NC.

Principal Place of Business: 2180 SR 3, SUITE AA, ST. AUGUSTINE FL 32084  
Mailing Address: 2180 SR 3, SUITE AA, ST. AUGUSTINE FL 32084



DO NOT WRITE IN THIS SPACE

2180 SR. A.I.A.S.  
St. Augustine, FL 32084

3. Date Incorporated or Qualified: 03/31/1994  
4. FEI Number: 59-3226211  
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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

WILLIAMS, LYDIA  
2180 SR 3, SUITE AA  
ST. AUGUSTINE FL 32084

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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

Table with columns for Title, Name, Street Address, and City-ST-ZIP. Includes entry for WILLIAMS, LYDIA with a 'D' in the title field and a 'DELETE' checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Title, Name, Street Address, and City-ST-ZIP. Includes checkboxes for 'Change' and 'Addition' for each entry.

14. I 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, with all other like empowered.

SIGNATURE: *Lydia Williams* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-99 704-471-8828  
Date Daytime Phone #

CR2E034 (1/98)