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Apr 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 # P94000091862 (0)

1. Corporation Name
ALPHA SCHOOL OF MASSAGE OF THE TREASURE COAST, I NC.

Principal Place of Business	Mailing Address
1597 SE PORT ST. LUCIE BLVD PORT ST LUCIE FL 34952 US	1597 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952 US

3. Date Incorporated or Qualified: **12/19/1994**
3a. Date of Last Report: **04/15/1996**

4. FEI Number: **65-0570750** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 1599 S.E. Port st Lucie Blvd	26 1599 S.E. Port st Lucie Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port St. Lucie Florida	City & State 28 Port St Lucie, Florida
Zip 24 34952 Country 25 US	Zip 29 34952 Country 30 US

9. Name and Address of Current Registered Agent
LANNING, LINDA S
7424 MARTIN AVE.
WEST PALM BEACH FL 33405

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 _____ (Signature, typed or printed name of reg. agent, and title if applicable) (Is the Registered Agent's signature required when not changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	[ ] DELETE	11 TITLE	PTD.	[X] Change [ ] Addition
NAME	LANNING, MICHAEL E		12 NAME	LANNING, Michael E.	
STREET ADDRESS	1133 MORGAN CIRCLE WEST		13 STREET ADDRESS	7380 S. Ocean DR 618-19	
CITY-ST-ZIP	ORANGE PARK FL 32073		14 CITY-ST-ZIP	Jensen Beach, Fl 34957	
TITLE	VSD	[ ] DELETE	21 TITLE	VSD	[X] Change [ ] Addition
NAME	WILLIAMS, STEVEN D		22 NAME	Williams, Steven D.	
STREET ADDRESS	1133 MORGAN CIRCLE WEST		23 STREET ADDRESS	7380 S. Ocean DR 618-19	
CITY-ST-ZIP	ORANGE PARK FL 32073		24 CITY-ST-ZIP	Jensen Beach, Fl 34957	
TITLE		[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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 Michael E. Lanning Pres. 4/7/97 561-332-5533

CR2E084 (9/96)