

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90132 038 \*\*\*150.00

DOCUMENT # P94000091862

1. Corporation Name

ALPHA SCHOOL OF MASSAGE OF THE TREASURE COAST, I  
NC.

Principal Place of Business

1599 S.E. PORT ST. LUCIE BLVD.  
PORT ST LUCIE FL 34952  
US

Mailing Address

1599 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34952  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1994

4. FEI Number

65-0570750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$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 1597 S.E. Port St.

Suite, Apt. #, etc.

22 Lucie Blvd.

City & State

23 Pt. St. Lucie, FL

Zip

24 34952 25 USA

2a. Mailing Address

26 15139 75th Ave. N.

Suite, Apt. #, etc.

27

City & State

28 Palm Beach Gardens, FL

Zip

29 33418 30 USA

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

LANNING, Linda S.

82 Street Address (P.O. Box Number is Not Acceptable)

15139 75th Avenue N.

83

84

Palm Beach Gardens FL

85 Zip Code

33418

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTD  
LANNING, MICHAEL E  
STREET ADDRESS 7380 S. OCEAN DR., 618-A  
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☐ DELETE

NAME VSD  
WILLIAMS, STEVEN D  
STREET ADDRESS 7380 S. OCEAN DR., 618-A  
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

828-837-3202

CR2E034 (11/98)

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