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Feb 25 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 # P95000009292 (0)

1. Corporation Name

ADVANTAGE MASSAGE ASSOCIATES, INC.



Principal Place of Business

901 DOUGLAS AVE.
SUITE 200
ALTAMONTE SPRINGS FL 32714

Mailing Address

901 DOUGLAS AVE.
SUITE 200
ALTAMONTE SPRINGS FL 32714-2057

2. Principal Place of Business

21 329 Tulane Dr
Suite, Apt. #, etc.

22 City & State

23 Altamonte Springs, FL

24 32714

25 Seminole

2a. Mailing Address

26 329 Tulane Dr
Suite, Apt. #, etc.

27 City & State

28 Altamonte Springs, FL

29 32714

30 Seminole

3. Date Incorporated or Qualified

01/31/1995

3a. Date of Last Report

08/12/1996

4. FEI Number

59-3293771

Applied For

Not Applicable

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

X Yes ☐ No

9. Name and Address of Current Registered Agent

ROSANOVA, MARTIN J
901 DOUGLAS AVE.
SUITE 200
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

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

329 Tulane Dr

83

84 City

Altamonte Springs

FL

85 Zip Code

32714

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

Martin J. Rosanova, President

2-17-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE APD
NAME ROSANOVA, MARTIN J
STREET ADDRESS 901 DOUGLAS AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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 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 included 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: Martin J. Rosanova, President

2-17-97 (407) 772-1181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E034 (9/96)