


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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 329 TULANE DRIVE ALTAMONTE SPRINGS FL 32714	Mailing Address 329 TULANE DRIVE ALTAMONTE SPRINGS FL 32714	
DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 01/31/1995		



21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		59-3293771		Applied For
22. City & State		27. City & State		5. Certificate of Status Desired		Not Applicable
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		\$8.75 Additional Fee Required
24. Country		29. Country		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		\$5.00 May Be Added to Fees
25. Country		30. Country		8. Yes		No

9. Name and Address of Current Registered Agent ROSANOVA, MARTIN J 329 TULANE DR ALTAMONTE SPRINGS FL 32714				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. City			
85. Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	APD	1.1 TITLE	
NAME	ROSANOVA, MARTIN J	1.2 NAME	
STREET ADDRESS	901 DOUGLAS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)