

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90149 042 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P95000024330

1. Corporation Name

GOLDEN TOUCH THERAPEUTIC MASSAGE, INC.

Principal Place of Business

1931 LYONS ROAD, #102  
COCONUT CREEK FL 33063  
US

Mailing Address

1931 LYONS ROAD, #102  
COCONUT CREEK FL 33063  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1995

4. FEI Number

65-0664279

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 11355 NW 21 Court

Suite, Apt. #, etc.

City & State

23 Coral Springs FL

Zip

24 33071

Country

25 USA

2a. Mailing Address

26 11355 NW 21 Court

Suite, Apt. #, etc.

City & State

28 Coral Springs FL

Zip

29 33071

Country

30 USA

9. Name and Address of Current Registered Agent

FOX, MITCHELL E  
8751 W. BROWARD BLVD.  
SUITE 408  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Dawn Epstein

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

11355 NW 21 Court

83

84 City

Coral Springs

FL

85 Zip Code

33071

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: Dawn Epstein DMT

Signature typed or printed name of registered agent and fee if applicable.

(Not E-Registered agent signature required when reinstating)

4/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME EPSTEIN, DAWN R  
STREET ADDRESS 1931 LYONS ROAD, #102  
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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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 Epstein, Dawn R

1.3 STREET ADDRESS 11355 NW 21 Court

1.4 CITY-ST-ZIP Coral Springs FL 33071

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 employment.

SIGNATURE: Dawn Epstein DMT 4/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)