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PROFIT CORPORATION ANNUAL REPORT **1996**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000039263	(5)
1 Corporation Name		

KIMBERLY'S PROFESSIONAL MASSAGE, INC.



Principal Place	4.50						
4136 BEAC		Mailing Address 4136 BEACH DR SE					
	BURG FL 33706	ST PETERSBURG FL	33705				
					3. Date Incorporated or Qualified 05/16/1995	3a. Date of Last R	eport
	ace of Business HhSt N	2a. Mailing Address 26 4300 4Ths	st N		4. FEI Number 59-3316814	├ -}-	Applied For Not Applicable
Suite, Apt.	#, etc.# C	Suite, Apt. # etc. †	+c		5. Certificate of Status Desired		Additional Required
	Hersburg +L	28 St. Peters	burg .	11	■ Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
24 TP	33703 Country	²⁹ 33703	Countr 30	ry	This corporation has liability for in Florida Statutes	ntangible tax under s	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	······································
HAMI	TON: VIMPEDI V M		81	1 Name			
HAMILTON, KIMBERLY M 4136 BEACH DR SE ST PETERSBURG FL 33705			<u></u>		eet Address (P.O. Box Number is Not Acceptable)		
OI FE	Chabona FL 33705		83	3			
44 8			84				Code
or registere familiar wit	o the provisions of Sections 607,0502 a ad agent, or both, in the State of Florida h, and accept the obligations of, Section	and 607.1508, Florida Statute L. Such change was authorize D. 607.0505, Florida Statute	s, the above- d by the com	named corpo poration's boa	oration submits this statement for the purp ard of directors. I hereby accept the appo		egistered office
						3	+-gu
SIGNATURE _	numberly Hames	tor PREST	DENT			5-2-96	
SIGNATURE _	numberly Hames	ar PREST	DENT E: Registered Age		ed when reinstating!	DATE	
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

5-2-96

528-9638