

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051106 (9)

1. Corporation Name

HYPNOSIS CENTERS OF FLORIDA, INC

Principal Place of Business

12781 WORLD PLAZA LANE STE TWO
FORT MYERS FL 33907

Mailing Address

12781 WORLD PLAZA LANE STE TWO
FORT MYERS FL 33907



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/28/1995	3a. Date of Last Report 03/18/1996
4. FEI Number 65-0597482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORN, SHARON
12781 WORLD PLAZA LANE STE TWO
FORT MYERS FL 33907

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME THORN, SHARON
STREET ADDRESS 12781 WORLD PLAZA LANE
CITY-ST-ZIP FT. MYERS FL 33907

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1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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2.3 STREET ADDRESS
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4.1 TITLE
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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

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-08/19/97--0107 Page-023 Addition

****165.00 ****165.00

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 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.

SIGNATURE

SIGNATURE OF SHARON THORN

8/14/97

941 278-5300

APPROVED
AND
FILED

1997 AUG 15 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Sharon Thorn, A.C.H.T.

Hypnosis

CENTERS OF FLORIDA, INC

12781 World Plaza Lane, Fort Myers, FL 33907 (941)278-5300

9853 North Tamiami Trail, Naples, FL 33963 (941)5947900

FAX (941)278-1732

8/14/97

Gentlemen -

I never received your last
notice, so someone in
your office said to send
the check for \$165 right
away. It is enclosed.

Thank you
Sharon Thorn