

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90261 015 ***150.00

DOCUMENT # P95000051106

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

4. FEI Number

65-0597482

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 12741 WORLD PLAZA LANE

Suite, Apt. #, etc.

2a. Mailing Address

26 12741 WORLD PLAZA LANE

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

JASSE MATASSE

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

12741 WORLD PLAZA LANE

83

SUITE TWO

84 City

FORT MYERS

FL

85 Zip Code

33907

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

Jasse Matasse
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

4/26/99
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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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

PRESIDENT

☒ Change

☐ Addition

1.2 NAME

JASSE MATASSE

1.3 STREET ADDRESS

12741 WORLD PLAZA LANE, SUITE TWO

1.4 CITY-ST-ZIP

FT MYERS, FL 33907

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 empowered.

SIGNATURE:

Jasse Matasse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99

941 278-5300

CR2E034 (1/98)

0441747