## 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 20, 1999 8:00 am Secretary of State

04-20-1999 90097 004 \*\*\*150.00

## DOCUMENT # P95000057967

<ol> <li>Corporation</li> </ol>						
ISLAND A	AQUATICS & MASSAGE TH	ierapy, inc.				
•						
Principal Place	e of Business	Mailing Address				
HOMES PRIVAT		PO BOX 207				
PALM BEACH FL 33480 PALM BEACH FL 33480 US US				DO NOT WRITE IN THIS SPACE		
05				3. Date incorporated or Qualifed		
				07/24/1995		
2. Principal Pl	ace of Business	2a. Mailing Address	-0.0	4. FEI Number	Арр	lied For
21		26 LISA 100	wels	65-0616684	Not	Applicable
Suite, Apt.	#retc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22 - 30-	Jun 1156 HV	27 -1-0.00			Fee.Req	
City & State	3 fl	28 AM Bei	ach fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	•
Zip 2 \	Country A	Zip 2 10-1	Country 7	8. This corporation owes the current year		
24 <u>33 Y</u>	25 US/	29 33 100	30 J5 H	Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registe	iea Agent	
DOW	EDC 11A		O I Name			
POWERS, LIA 1501 S FLAGLER DRIVE		82 Street Addr	Address (P.O. Box Number is Not Acceptable)			
APT			83			
	T PALM BEACH FL 33481		••			
. 1120	THE SENSITE SENSIE		84 City		FL 85 Zip C	ode
44 Dumunt	to the provisions of Sections 607 050	2 and 607 1508 Florida Statut	es the above-named corr	poration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its r	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by the corporation	on's board of directors. I hereby accept the a	ppointment as reg	istered
agent. I a	m ramiliar/with, and abdept the obliga	itions of, Section 607.0505, Flo	nida Statutes.	4-110	-55	)
SIGNATURE	1 MO Win 1	nuves	rida Statutes.  Registered Agent signature require	7/10	/_/	
SIGNATURE	Signature, typed or printed tank of registered age	nuves		7/10	S AND DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed tank of registered age	ht and title if applicable. (NOTE	: Registered Agent signature require	ad when reinstating) DATI		
SIGNATURE	Signature, typed or printed dain of of registered again	nt and title if applicable. (NOTE	:: Registered Agent signature require	ad when reinstating) DATI	S AND DIRECTOR	RS IN 12
SIGNATURE 12.	Signature, Tipad or printed name of registered again of FICERS AND	Int and title if applicable. (NOTE  ID DIRECTORS  DELETE	: Registered Agent signature require 13. 1.1 TITLE	ad when reinstating) DATI	S AND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME	Signature, Spad or printed again of registered again of FICERS AND POWERS, LISA	nt and title if applicable. (NOTE  ID DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME	ad when reinstating) DATI	E S AND DIRECTOR ☐ Change	RS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, speed or printed dans or registered again of FICERS AND POWERS, LISA 1501. S FLAGLER DRIVE., APT	nt and title if applicable. (NOTE  ID DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ad when reinstating) DATI	E S AND DIRECTOR ☐ Change	RS IN 12
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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 attangment with an address, with all other like empowered.

SIGNATURE: