SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/88: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P95000059058 (4)

BACK IN SHAPE MASSAGE THERAPY, INC.

Principal Place of Business

Mailing Address

FILED Aug 05 1998 8:00am Secretary of State



3815 38TH WAY WEST PALM BEACH FL 33407		3815 38TH WAY WEST PALM BEACH FL 33407			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					07/25/1995			
2. Principal Place of Business 2a. Mailing Address					4. FÉI Number	A	pplied For	
21 522 Captains Road 26 522 Captain.				Road	65-0598937	N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, 22 27			etc.		5. Certificate of Status Desired	* * * * * * * * * * * * * * * * * * * *	\$8.75 Additional Fee Required	
City & State City & State City & State City & State Reach, FL 28 North Palm &			n Bed	ich FL	8. Election Campaign Financing Trust Fund Contribution - \$5.00 May Be Added to Fees			
Zip	Country	Zip '	Coun	try	8. This corporation owes or has paid the		- 7 (
24 3340		-ا	30 ()SH	Personal Property Tax due June 30.	Yes L	_J No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent		
BLAKLEY, DANA				81 Name				
3815 38TH WAY W PALM B CH FL 33407			Ī	82 Street Address (P.O. Box Number is Not Acceptable)				
** 1 7	TEM DOTT L DOTO?		1	33				
			ļ.	34 City		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 PAGE BIGLES								
	Signature, typed or printed name of registered agent a	/)		d Agent signature requ		/	000 01 10	
12.	OFFICERS AND	<u> </u>	13.		ADDITIONS/CHANGES TO OFFICERS		F-1	
TITLE	P	L DELETE	1.1 TITL			Change	Addition	
NAME	55 J. 15 C. 1 W. W. 1		1.2 NAW	E				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY				_	
TITLE		L) DELETE	2.1 TITL	E		Change	Addition	
NAME			2.2 NAM	E				
STREET ADDRESS	•		2.3 STR	ET ADDRESS				
CITY-ST-Z#P			2.4 CITY	-ST-ZIP				
TITLE		DELETE	3.1 TITL	E		Change	Addition	
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STR	ET ADDRESS				
CITY-ST-ZIP	<u> </u>		3.4 CITY	-ST-ZIP				
TITLE		DELETE	4.1 TITL	E		Change	Addition	
NAME			4.2 NAM	E				
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 CITY	-ST-ZIP				
TITLE		DELETE	5.1 TITL		800002609	Chance	Addition	
NAME			5.2 NAN	ie !	-08/06/9801053 00 3			
STREET ADDRESS	1			EET ADDRESS	***150.00	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP			5.4 CITY		errerre a lande a lande	•		
TITLE		DELETE	6.1 TITL			Change	Addition	
		□ nere i€	6.2 NAN	i				
NAME				[PE 8.5	
STREET ADDRESS				EET ADDRESS			.0.2	
CITY-ST-ZIP	artifu that the information supplied with the	nie filing does not qualify for th	6.4 CIT		tion 119.07(3)(i). Florida Statutes. I further cert	ify that the info	rmation	

4. I hereby certify that the information supplied with this filing does not quality 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.

A CHOLOND NECTURE

7/7/00 56/

BACK IN SHAPE MASSAGE THERAPY, INC.



DANA BLAKLEY L.M.T.

July 7, 1998

Division of Corporations Annual Reports Filing P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom it May Concern:

This letter will follow my first letter I sent to you on July 7, 1998 with my payment of \$150.00 explaining to you that I had not received my first notice of renewal possibly because I was having some trouble receiving my mail. A complaint was filed at the 33407 Post Office. I have since moved to 33408.

I phoned your office and spoke to one of your representatives who advised me to send in my payment with this letter explaining the delinquency in my payment in hopes that you would accept it.

Attached is a copy your letter back to me with no acknowledgement of my letter. wondering if my letter got separated or if my request had been denied.

Please contact me to advise me of your position.

Sincerely,

Dana Blakley Dana Blakley