

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000068278 (7)

1. Corporation Name

TRAVELING HANDS MASSAGE, INC.



Principal Place of Business

Mailing Address

9821 NORTHWEST 6TH STREET  
PEMBROKE PINES FL 33024

POST OFFICE BOX 8284  
PEMBROKE PINES FL 33084

3. Date Incorporated or Qualified  
09/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE

26 SAME AS ABOVE

4. FEI Number

Applied For

65-0606365

Not Applicable

Suite, Apt. #, etc

Suite, Apt. # etc

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

INACTIVE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

LENORA BELLE RAIMONDI

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

9821 NW 6 ST.

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33024

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 607.0605, Florida Statutes.

SIGNATURE *Lenora Raimondi*

(NOTE: Registered Agent signature required when re-appointing)

Date

7-16-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
RAIMONDI, LENORA BELLE  
9821 NORTHWEST 6TH STREET  
PEMBROKE PINES FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE *Lenora Raimondi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-437  
8136

CR2E034 (3/96)