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.)

'97 PROFIT CORPORATION ~~ANNUAL REPORT~~ 1997 Reinstatement

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

APPROVED AND FILED
1997 NOV -5 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081257 (4)

1. Corporation Name
MASSAGE MECHANICS, INC.

Principal Place of Business	Mailing Address
330 SOUTH PINEAPPLE SUITE 107 SARASOTA FL	330 SOUTH PINEAPPLE SUITE 107 SARASOTA FL

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0616081 — 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
WAID, RICHARD S
1800 SECOND ST.
SUITE 808-27
SARASOTA FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET, #765
83
84 City SARASOTA FL 85 Zip Code 34236

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 RICHARD S. WAID — Signature, typed or printed name of registered agent and title if applicable
(If Registered Agent signature required when reinstating) — 11/3/97 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	LAPE, BIRDIE	1650 BLAKEMORE	SARASOTA FL 34231	☐
V	BURRIS, ANNE	2059 ROSE ST.	SARASOTA FL 34239	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

300002344753--2
-11/12/97--01081--005
****750.00 ****750.00

REINSTATEMENT '97
SCC 11-6-97

CR2E034 (4/97)

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: [illegible] (OFFICER) 10-5-97 941-362-1410