

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

93 JUN 26 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081298 (8)

1. Corporation Name

MASSAGE X-PRESS COMPANY

Principal Place of Business

1729 E. COMMERCIAL BLVD
BOX 226
FT. LAUDERDALE FL 33334
US

Mailing Address

1729 E. COMMERCIAL BLVD
BOX 226
FT. LAUDERDALE FL 33334
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1995

4. FEI Number

65-0614889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

TILLEM, SCOTT
3284 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

81 Name

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

83

84

85

City

FL

Zip Code

11. I, the undersigned, being duly qualified to do so, hereby certify that 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

Signature (typed or printed name of registered agent and for if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SHUMAN, ADAM
STREET ADDRESS 1729 E. COMMERCIAL BLVD., BOX 226
CITY- ST- ZIP FT. LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME SHUMAN, ADAM
STREET ADDRESS 1729 E. COMMERCIAL BLVD., BOX 226
CITY- ST- ZIP FT. LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

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CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

500002575575-7

-06/30/98-01009-016

****150.00-****150.00

☐ Change ☐ Addition

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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.

SIGNATURE:

6/1/98 9/1 771-8611

CR2E034 (10/97)

1729 Fort Telephone
East Lauderdale [954] 771-8616
Commercial Florida
Boulevard 33334
Box 226



June 12, 1998

Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee FL 32302-1500

Dear Sir/Madam

As per my telephone conversation, I was unable to file and pay when due because of severe oral surgery. During which time I was unable to work and make the necessary payment.

Thank you very much for your assistance in this matter.



Sincerely,

A handwritten signature in cursive script, appearing to read 'Adam Shuman', with a long horizontal flourish extending to the right.

Adam Shuman