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FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000026029 (4)

1. Corporation Name
THERAPUTIC TOUCH MESSAGE INC.



Principal Place of Business
1624 PLUNKETT STREET
HOLLYWOOD FL 33020

Mailing Address
1624 PLUNKETT STREET
HOLLYWOOD FL 33020-6444

2. Principal Place of Business
21 peoples homes
22 Suite, Apt. #, etc.

23 City & State
FLA
24 Zip
Country
USA

2a. Mailing Address
26 1624 Plunkett St
27 Suite, Apt. #, etc.

28 City & State
Hollywood Fla
29 Zip
30 U.S.A.

3. Date Incorporated or Qualified
03/26/1996

3a. Date of Last Report

4. FET Number
☒ 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 has liability for intangible tax under s. 199.032,
Florida Statutes
☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERSCH, SAMANTHA
1624 PLUNKETT STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 Samantha Hersch Samantha Hersch 3/17/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME Director
STREET ADDRESS Samantha Hersch
CITY-ST-ZIP 1624 Plunkett St
Hollywood Fla 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 Samantha Hersch 3/17/97

CR2E034 (9/96)