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Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
Suite, Apt. #, etc.

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

23 City & State  
FLA  
24 Zip  
Country  
25 USA

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

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  
85 Zip Code  
FL

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            | STREET ADDRESS   | CITY-ST-ZIP         | DELETE                   |
|----------|-----------------|------------------|---------------------|--------------------------|
| Director | Samantha Hersch | 1624 Plunkett St | Hollywood Fla 33020 | <input type="checkbox"/> |
|          |                 |                  |                     | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE                   | Change                   | Addition                 |
|-------|------|----------------|-------------|--------------------------|--------------------------|--------------------------|
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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)