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

PROFIT CORPORATION ANNUAL REPORT

1998

Suite, Apt. #, etc.

25

PORT ORANGE FL 32119

209 DUNLAWTON AVENUE STE 18

WEAVER, JEFF

City & State

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## P96000035156 (4) DOCUMENT #

DAYTONA INSTITUTE OF MASSAGE THERAPY, INC.

Principal Place of Business Mailing Address 209 DUNLAWTON AVENUE STE 18 209 DUNLAWTON AVENUE STE 18 PORT ORANGE FL 32119 PORT ORANGE FL 32119 2. Principal Place of Business 2a. Mailing Address

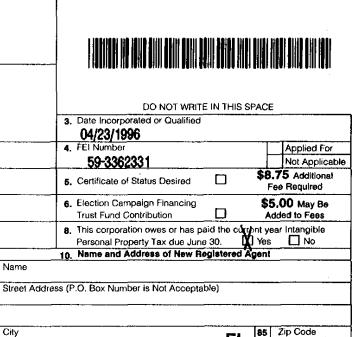
29

9. Name and Address of Current Registered Agent

Suite, Apt. #, etc

City & State

## **FILED** Feb 27 1998 8:00am Secretary of State



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 agont, 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

Country

82

83 84 City

Name

30

agent Lar	ri familiar with, and accept the obligations of	, Section 607.0505, Fig.	orida Statutes.	
SIGNATURE Signature, typed or profed name of required agrant and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE	Change Addition
NAME	Weaver, Jeff		1.2 NAME	
STREET ADDRESS	748 FLEMING AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 YITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-SI-ZIP			3.4. CITY-\$1-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CiTY-ST-ZIP	
TITLE		DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-S1-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 DITY-ST-ZIP	

I horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j). Florida Statutes. I further certify that the information indicated on this annual report or supplieriental 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 13 if changed, or great application of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or great application of the corporation of the corporation

904-788-3450