

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

FILED

Feb 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000057506 (3)
1. Corporation Name
PERFORMANCE MASSAGE, INC.

Principal Place of Business

Mailing Address

2405 SWANN AVE.
TAMPA FL 33609

2405 SWANN AVE.
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Performance Massage		26 2405 SWANN AVE		07/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 2405 SWANN AVE		27 TAMPA FL		59-3397009	
City & State		City & State		Applied For	
23 TAMPA FL		28 33609		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
33609		Hill		<input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRAUGHON, LOUIS
2405 SWANN AVE.
TAMPA FL 33609

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 *Louis N Draughon* Louis N Draughon 2/12/98
Signature typed or printed name of registered agent below, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAUGHON, LOUIS N	1.2 NAME	
STREET ADDRESS	2405 SWANN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAUGHON, PHYLLIS A	2.2 NAME	
STREET ADDRESS	2405 SWANN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Louis N. Draughon* Louis N Draughon 2/12/98

CR2E034 (10/97)