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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90155 001 ***150.00

i. Corporation	MENT # P96000 NANCE MASSAGE, INC.	057506					
Principal Place	e of Business	Mailing Address		i iddildel tia idila sust astu astu astu esti esti)	18118 Birt 1881	
PERFORMANCE		2405 SWANN AVE.				_	
2405 SWANN AVE TAMPA FL 33609				DO NOT WRITE IN THI	S SPACE		
TAMPA FL 3360	09			3. Date Incorporated or Qualified	J JFACE	·]	
US				07/05/1996			
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For	
21	acc of Business	26		59-3397009	- Not	Applicable	٠.,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27		J. Ceruicate of Gratus Desired	Fee Re		
City & State	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country	Zip	Country	8. This corporation owes the current year li	ntangible	. /	
24	25		30	Personal Property Tax.	ŬYes	ZXNo	
= · I	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registere	d Agent		
DD44	HOHOM LOUIC		81 Name	DROUGHON Phullis			
	UGHON, LOUIS		82 Street A	oddress (P.O. Box Number is Not Acceptable)			
	5 SWANN AVE. PA FL 33609		24	55 SWHNN HUY			
I AIVI	FA FL 33009		83 TA	mna			
			84 City	F	85 Zip-C	30° AC	
44 D	to the amplicions of Cartiana COZ OCO	2 and 607 1509 Florida Statuta	s the above named o	corporation submits this statement for the nurnose of	of changing its	registered	
11. Pursuant	to the provisions of Sections 607.050	z anu our. 1506, Florida Statutes	s, uie above-nameo c	orporation auditios tina atalement for tile pulpose t	Januari ga ra		1
Oluce of 1	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corbu	ration's board of directors. I hereby accept the app	omunent as reg	gisterea	
agent. I a	m familiar with, and accept the obliga	of Florida. Such change was autions of, Section 607.0505, Flori	thorized by the corbu	ration's board of directors. I nereby accept the app	a q	jisterea	;
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Fight	thorized by the corbu	quired when reinstating)	99		-= 6
agent. I a	m familiar with, and accept the obliging the obliging of printed name of registered age OFFICERS AN	Itions of, Section 607,0505, Flori Automotion (NOTE: International Control of the Control of th	da Statutes. Registered Agent signature re-	2/21	99 AND DIRECTO	RS IN 12	1/98)
agent. I a	Signature, types or printed name of registered age OFFICERS AN	nt and triled applicable. (NOTE:	Registered Agent signature re 13. 1.1 TITLE	quired when reinstating)	99		E
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of th	Itions of, Section 607,0505, Flori Automotion (NOTE: International Control of the Control of th	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	99 AND DIRECTO	RS IN 12	E
agent. Fail	Signature, types or printed name of registered age OFFICERS AN PD DRAUGHON, LOUIS N 2405 SWANN AVE.	Itions of, Section 607,0505, Flori Automotion (NOTE: International Control of the Control of th	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating)	99 AND DIRECTO	RS IN 12	F034 (4
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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, with all other like empowered.