

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY -1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # PA0000000134

1. Corporation Name

DL OF BROWARD INC DBA
COMFORT MASSAGE THERAPY

Principal Place of Business

Mailing Address

8693 JASMINE WAY
BOCA RATON FL 33496

3. Date Incorporated or Qualified

3a. Date of Last Report

7/17/1996

4. FEI Number

Applied For

65-0683505

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

2. Principal Place of Business

2a. Mailing Address

21 8693 JASMINE WAY

28 8693 JASMINE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 BOCA RATON FL

28 BOCA RATON FL

24 Zip

25 Country

29 Zip

30 Country

33496

USA

33496

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBERT DAVIS
8693 JASMINE WAY
BOCA RATON FL 33496

81 Name

ALBERT DAVIS

82 Street Address (P.O. Box Number is Not Acceptable)

8693 JASMINE

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE 4/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11/12

1.1 TITLE ☐ DELETE

1.2 NAME President

1.3 STREET ADDRESS ALBERT DAVIS

1.4 CITY-ST-ZIP 8693 JASMINE WAY

1.5 CITY-ST-ZIP BOCA RATON FL 33496

2.1 TITLE ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE RE

[Signature]

DATE 4/28/97