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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000076595 (3)**

1. Corporation Name
EQUI-MASSAGE, INC.

Principal Place of Business	Mailing Address
745 ORIENTA AVENUE **SUITE 1121** **ALTAMONTE SPRINGS FL 32701**	**745 ORIENTA AVENUE** **SUITE 1121** **ALTAMONTE SPRINGS FL 32701-5676**

3. Date Incorporated or Qualified: 08/22/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 1800 Brooks Lane
22: Suite, Apt. #, etc.
23: City & State: Oviedo, FL
24: Zip: 32765
25: Country: Seminole

2a. Mailing Address
26: 1800 Brooks Lane
27: Suite, Apt. #, etc.
28: City & State: Oviedo, FL
29: Zip: 32765
30: Country: Seminole

4. FEI Number: 59-3410116 ☐ 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

BLACK, STEPHANIE B
745 ORIENTA AVENUE
SUITE 1121
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: Stephanie B. Black
82 Street Address (P.O. Box Number is Not Acceptable): 1800 Brooks Lane
83:
84 City: Oviedo, **FL** 85 Zip Code: 32765

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: Stephanie B. Black Stephanie B. Black 3-27-97
(Signature of president or principal officer of registered agent and title if 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	BLACK, STEPHANIE B	1.2 NAME	
STREET ADDRESS	745 ORIENTA AVE, STE 1121	1.3 STREET ADDRESS	1800 Brooks Lane
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	☐ DELETE	2.1 TITLE	☐ 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-ST-ZIP		3.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Stephanie B. Black Stephanie B. Black 3-27-97 407-977-1754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #