

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90188 046 \*\*\*150.00

DOCUMENT # P96000080415

1. Corporation Name

MASSAGE THERAPY WORKS, INC.

Principal Place of Business

2880 EAGLE LANE  
W PALM BCH FL 33409  
US

Mailing Address

2880 EAGLE LN  
W PALM BCH FL 33409  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1996

4. FEI Number

65-0705701

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 812 Blue Ridge Cir.

2a. Mailing Address

26 812 Blue Ridge Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 W. Palm Beach, FL

City & State

28 W. Palm Beach, FL

Zip

24 33409

Country

25 US

Zip

29 33409

Country

30 US

9. Name and Address of Current Registered Agent

CAPPADORO, JACQUELYN S  
697 CARNATION COURT  
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name

Jacquelyn

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME CAPPADORO, JACQUELYN S

STREET ADDRESS 2880 EAGLE LN

CITY-ST-ZIP W PALM BCH FL 33409

TITLE D ☐ DELETE

NAME CAPPADORO, JACQUELYN S

STREET ADDRESS 2880 EAGLE LN

CITY-ST-ZIP W PALM BCH FL 33409

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 812 Blue Ridge Cir.

1.4 CITY-ST-ZIP W. Palm Beach, FL 33409

2.1 TITLE SAME ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 812 Blue Ridge Cir.

2.4 CITY-ST-ZIP W. Palm Beach, FL 33409

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99 561-650-6248

Date

Daytime Phone #

CR2E034 (11/98)

0327380