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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000092857 (7)

PEACE RIVER MASSAGE CENTER, INC.

FILED Apr 14 1998 8:00am Secretary of State

TEACE HIVEH MINOCHAE CENTERS	INO			
Principal Place of Business	Mailing Address		{	#110 [[00] [0][0] B### {00 400]
1354 WATERSIDE STREET 1354 WATERSIDE STREE		it .		
PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 339				
			DO NOT WRITE IN THI	S SPACE
			3. Date incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		11/08/1996 4. FEI Number	.
21	26		65-0722329	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the d	
24 25	29	30	Personal Property Tax due June 30.	Yes X No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PENNICT IEMNICTT 81 Name				
DETINITE, JETINETI				
1354 WATERSIDE STREET PORT CHARLOTTE FL 33952		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
PORT CHARLOTTE PL 33932		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607,1508, Florida Statut	es, the above-named corp		
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	00/13 01, October 1 007:0000, 1 k	onda otatotos.		
Signature typed or printed name of registured ages	I and title if applicable [NOT	E Registered Agent signature requir	ed when reinstating) DATE	
12. OFFICERS AND	····	13.	ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS IN 12
TITLE P	L DELETE	1.1 TITLE		Change Addition
NAME BEHNKE, JENNETT		1.2 NAME		
STREET ADDRESS 1354 WATERSIDE STREET		1.3 STREET ADDRESS		
TITLE VP PORT CHARLOTTE FL 33952	DELETE	1.4 CITY - ST - ZIP		
TITLE VP NAME BEHNKE, KARL	L. DELETE	2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS 1354 WATERSIDE STREET		2.2 NAME		
CITY-ST-ZIP PORT CHARLOTTE FL 33952		2.3 STREET ADDRESS		
TITLE	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		3.2 NAME		onengo noonton
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		j
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 14. I hereby certify that the information supplied wit	h this filing does not qualify fo	6.4 CITY-ST-ZIP	Section 119 07(3Vi) Florida Statutae Liturbay	cortifu 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.