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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000096082 (8)

1. Corporation Name
KNEAD THERAPY INC.



Principal Place of Business

Mailing Address

% RONADL LEWIS, ESO.
5301 N. FEDERAL HIGHWAY, SUITE 150
BOCA RATON FL 33487

% RONADL LEWIS, ESO.
5301 N. FEDERAL HIGHWAY, SUITE 150
BOCA RATON FL 33487-4917

3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

11/25/1996

4. FEI Number

☒ 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

2. Principal Place of Business

2a. Mailing Address

21 9045 La Fontana Blvd

26 9045 La Fontana Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C2

27 Suite C2

City & State

City & State

23 Boca Raton

28 Boca Raton FL

Zip

Country

24 FL 33434

25 USA

29 FL 33434

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, RONALD ESO.
5301 N. FEDERAL HIGHWAY
SUITE 150
BOCA RATON FL 33487

81 Name

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GINNA, TRACY
STREET ADDRESS 21234 HAZELWOOD LANE
CITY-ST-ZIP BOCA RATON FL 33428

1.1 TITLE D
1.2 NAME GINNA, TRACY
1.3 STREET ADDRESS 9045 La Fontana Blvd
1.4 CITY-ST-ZIP BOCA RATON FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

700002187957
-05/22/97--01047--030
***165.00

5/1/97 561-883-6769

CR2E034 (9/96)