

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

done by 12/31/99
per office

0096422

PROFIT CORPORATION
ANNUAL REPORT
1999



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000014824
1. Corporation Name

RELAX HYPNOTHERAPY FOR WELLNESS, INC.

Principal Place of Business
5708 RIVERSIDE DRIVE
CAPE CORAL FL 33904

Mailing Address
5708 RIVERSIDE DRIVE
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
5708 RIVERSIDE DRIVE CAPE CORAL FL 33904		5708 RIVERSIDE DRIVE CAPE CORAL FL 33904		02/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
26		27		65-0732173	
City & State		City & State		Applied For	
28		29		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
3. Date Incorporated or Qualified		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
02/12/1997		Trust Fund Contribution		8. This corporation owes the current year	
		<input type="checkbox"/>		Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SAUER, FRAN M
5708 RIVERSIDE DRIVE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

Rec back 2/14/2000
Fran M Sauer is same as Fran Meinecke Sauer.
Some as Fran M Sauer.

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. *no chg*
SIGNATURE: *Fran M Sauer* (NOTE: Registered Agent signature required when reinstating) DATE: *2/21/2000*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PD SAUER, MARK A		1.1 TITLE	
5708 RIVERSIDE DRIVE		1.2 NAME	
CAPE CORAL FL 33904		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REINSTATEMENT 9-02-1 TS

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.

SIGNATURE: *Fran M Sauer* 12-27-99 (941) 544-3513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)