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

PROFIT CORPORATION ANNUAL REPORT

**1998**

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

FILED
Apr 24 1998 8:00 am
Secretary of State

DOCUMENT # 65-0751805 FEDERAL
P97000040190 - STATE

1. Corporation Name
DELRAY BEACH HYPNOSIS CENTER INC

Principal Place of Business / Mailing Address
100 E. LINTON BLVD, DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 100 E. LINTON BLVD | 26 SAME |
| Suite, Apt. #, etc. 22 SUITE 124B | Suite, Apt. #, etc. 27 SUITE 124B |
| City & State 23 DELRAY BEACH, FL. | City & State 28 DELRAY BCH, FL. |
| Zip 24 33483 Country 25 USA | Zip 29 33483 Country 30 USA |

3. Date Incorporated or Qualified: 5/6/97

4. FEI Number: 65-0751805 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

IRVIN MORDES, PROS.
431 FLANDERS I
DELRAY BEACH, FL. 33484

**10. Name and Address of New Registered Agent**

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 431 FLANDERS I
83
84 City: DELRAY BEACH FL 85 Zip Code: 33484

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: IRVIN MORDES (Signature, typed or printed name of individual with authority to sign on behalf of corporation) Irvin Mordes (NOTE: Registered Agent signature required when reinstating) DATE: 4/11/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PRESIDENT ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | IRVIN MORDES | 12 NAME | |
| STREET ADDRESS | 431 FLANDERS I | 13 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL. 33484 | 14 CITY-ST-ZIP | |
| TITLE | VICE PRES., SECRETARY, TREASURER ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | IRVIN MORDES | 22 NAME | |
| STREET ADDRESS | 431 FLANDERS I | 23 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL. 33484 | 24 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 61 TITLE | 400002491 ☒ Change ☐ Addition |
| NAME | | 62 NAME | -04/24/98--01022--014 |
| STREET ADDRESS | | 63 STREET ADDRESS | ***150.00 |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

85 4.24

CR2E034 (10/97)

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 added above.

**SIGNATURE:** Irvin Mordes IRVIN MORDES, PRES 4/16/98 1-561-276-3993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #