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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700

1. Corporation Name

P97000061714 (6)

MESSAGE AWARENESS CENTER OF GAINESVILLE, INC.

FILED Jan 20 1998 8:00am Secretary of State

MASSAGE							
Pr	incipal Plac	e of Business	Mailing Addr	ess			
5	501-D NW 23 AVENUE 501-D NW 23 AVENUE						
GAINESVILLE FL 32609 GAINESVILLE FL 32609							DO NOT WEITS IN THE COLOR
							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
							"
2.	Principal P	lace of Business	2a. Mailing A	ddress			07/15/1997 4. FEI Number Applied For
21				Ţ			59-34588 78 Not Applicable
Suite, Apt. #, etc.			** - \- *	Suite, Apt. #, etc.			¢0.75
22							5. Certificate of Status Desired Fee Required
_	City & Stat	City & State City & State					6. Election Campaign Financing \$5.00 May Be
23			28				1rust Fund Contribution Added to Fees
-	Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible
24		25 9, Name and Address of C	29	30	J		Personal Property Tax due June 30. Yes [_] No 10. Name and Address of New Registered Agent
	W		arrent riegistered Ager		81	Name	
WANDREY, KAROL 501-D NW 23 AVENUE							
GAINESVILLE FL 32609					82	Street	et Address (P.O, Box Number is Not Acceptable)
	- Can	MINEONICLE I'L 32008			83	i	
						L	
					84	City	FL 85 Zip Code
11.	Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, FI	orida Statutes.	the abov	l e-named	and corporation submits this statement for the purpose of changing its resistant
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
eir	-	Transfer they are decopy to	obligations of cootion o	07:0000, 110/10/	a Giaigio	J.	
ان 	SNATURE	Signature, typical or printed name of register	ed agent and title if applicable	(NOTE: Re	gistered Age	ent signature	ure required when reinstating) DATE
12.		OFFICERS	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITL		PP		DELETE	1.1 TITLE		PRES. Change Addition
NAN	WANDREY, KAROL			1.2 NAME			WANDREY, MIKOL
STR	EET ADDRESS	501-D NW 23 AVENUE			1.3 STREET	ADDRESS	WANDREY, KAROL 501-D N.W. 23 AVE Gainesville, FL 32609
	r - S1 - ZIP	GAINESVILLE FL 32609			1.4 CITY - S	T - ZIP	Gainesville, 11 02609
TITL	i	AL MANDOLA KADOL		DELETE	2.1 TITLE		V.P. Change Addition
NAM		WANDREY, KAROL			22 NAME		HENDERSON, PAUL
	EET ADDRESS	501-D NW 23 AVENUE			23 STREET		501-D NW 23 AVE.
	'-\$I-ZIP	GAINESVILLE FL 32609	····	DELETE	2. 4 CITY-5	S1 - ZIP	Gainesville, FL 32609
TITL			LJ	DELETE	3.1 TITLE		Change Addition
NAN					3.2 NAME		
	EET ADDRESS				3.3 STREET		5
TITL	'-ST-Z(P			DELETE	3.4. CITY - 9	i1-ZIP	Channe Laterta
NAM	!		الا	WELLE.	4.1 TITLE		Change Addition
	ET ADDRESS				4.3 STREFT	ADDUCCO	,
	-ST-ZIP					- 1	
TITL				DELETÉ	44 CITY-S 51 TITLE	1-70"	Change Addition
NAM					5 2 NAME		Crompt Audition
	ET ADDRESS				5.3 STREET	ADDRESS	
	- S1 - ZIP				5.4 CITY - S		
TOTAL				DELETE	6.1 THE		Change Addition
NAM	E				6.2 NAME	İ	7/00/0//
	ET ADDRESS				6.3 STREET	ADDRESS	;
	- ST - ZIP				6.4 CITY - S		
 		ertify that the information supplie	nd with this filing does n	ot qualify for the			tod in Section 119 07/9Vi). Florida Statutos, I further contifu that the information

4. 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 logal effect as if made under eath; 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.

CIONATURE.

KAIN Wandren

None Marker

Alm loo

050-201-1/282