

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000068477 (3)

1. Corporation Name

TUZ MASSAGE AND WELLNESS GROUP, INC.



Principal Place of Business

6884 ASHBURN ROAD ASHBURN
LAKE WORTH FL 33467

Mailing Address

P.O. BOX 741031
BOYNTON BEACH FL 33424

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Undetermined

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26 PO BOX 741031

Suite, Apt. #, etc.

27

City & State

28

Boynton Beach, FL

29

33424

Country

30 USA

3. Date Incorporated or Qualified

08/06/1997

4. FEI Number

65-0818454

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

TUZ, JORGE
3685 CORAL TREE CIRCLE
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name CRAIG TUZ

82 Street Address (P.O. Box Number is Not Acceptable)

6884 Ashburn Rd

83

84 City LAKE WORTH

FL

85 Zip Code 33467

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 of principal officer of registered agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/2/98

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME TUZ, CRAIG
STREET ADDRESS 3685 CORAL TREE CIRCLE
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition

1.2 NAME TUZ, CRAIG
1.3 STREET ADDRESS 6884 ASHBURN RD
1.4 CITY-ST-ZIP LAKE WORTH FL 33467

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

C. I.

4/25/98

501-822-8340

CR2E034 (10/97)