

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90107 024 ***150.00

DOCUMENT #

1. Corporation Name

South Florida Therapeutic Massage, Inc.

Principal Place of Business

2298 NW 2nd Ave
Boca Raton FL 33431

Mailing Address

2298 NW 2nd Ave
Boca Raton FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1997

2. Principal Place of Business

21 4321 NW 93rd way

Suite, Apt. #, etc.

22 24

City & State

23 Sunrise Florida

Zip Country

24 33351

25

2a. Mailing Address

26 4321 NW 93rd way

Suite, Apt. #, etc.

27

City & State

28 SURPRISE 33351

Zip Country

29 Florida

30

4. FEI Number

65-0822780

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Cohn, Louis Jerry ESQ
4300 N. University Drive
Suite B-104
Lauderhill, FL 33351

10. Name and Address of New Registered Agent

81 Name

Cohn, Louis Jerry ESQ

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

83

8041 W. McNab Road

84 City

Tamaraac

FL

85 Zip Code

33321

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

TITLE ☐ DELETE

NAME Ryan, Rise J

STREET ADDRESS 4321 NW 93rd way

CITY-ST-ZIP Sunrise FL 33351

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 ☒ Change ☐ Addition

1.2 NAME Rise J. Fleisig (Fleisig, Rise, J)

1.3 STREET ADDRESS 4321 NW 93rd way

1.4 CITY-ST-ZIP Sunrise FL 33351

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, with all other like empowered.

SIGNATURE:

Rise J. Fleisig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 054-717-3709

Date

Daytime Phone #

CR2E034 (11/98)