

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90123 030 \*\*\*150.00

UB00402

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000103935**

1. Corporation Name  
**SOFT TOUCH MASSAGE THERAPY, INC.**



Principal Place of Business  
**5460 HOFFNER AVENUE  
 SUITE 407  
 ORLANDO FL 32812  
 US**

Mailing Address  
**5460 HOFFNER AVENUE  
 SUITE 407  
 ORLANDO FL 32812  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **5671 Vineland rd**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Orlando, FL**  
 Zip Country  
 24 **32819** 25 **US**

2a. Mailing Address  
 26 **5671 Vineland rd**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **Orlando, FL**  
 Zip Country  
 29 **32819** 30 **US**

3. Date Incorporated or Qualified  
**12/04/1997**

4. FEI Number  
**59-3481301**

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

**STEVENS, ANNA  
 1316 GIRALDA CIRCLE  
 PALM BAY FL 32907**

10. Name and Address of New Registered Agent

81 Name **Ana Stevens**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1642 Dallan rd**  
 83 **Palm Bay, FL 32907**  
 84 City **FL** 85 Zip Code

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 *Ana M Stevens - President* DATE 1-15-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D STEVENS, ANNA</b>
STREET ADDRESS	<b>1316 GIRALDA CIRCLE</b>
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>PO Box 110276</b>
1.4 CITY-ST-ZIP	<b>Palm Bay FL: <del>32907</del> 32911</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ana M Stevens* DATE 1-15-99 DAYTIME PHONE # 407-226-9737  
Signature and typed or printed name of signing officer or director

CR2E034 (1/198)