## FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90198 019 \*\*\*150.00

## PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

| i. Corporation   | MENT # P98000<br>IN NAME<br>ISIONAL MASSAGE SERVICE  |  |  |   |                                  |                                     |                 |
|--|--|--|--|---|----------------------------------|-------------------------------------|-----------------|
| Principal Place  | a of Dustage   | Mailing Address  | <del></del>  | 1 (88)(88) 118 (89) (80)(1 80)(1 90)(1 98)(1 8  | MATIN MOTOR HOUSE HISTORIA       | ו <b>למ</b> ני וווו <b>מממו</b> ל   |                 |
|  |  | <del>-</del>   | AMAY CTT 202   |   |                                  |                                     |                 |
|  | NDING PARKWAY STE. 203   | 626 MARSH LANDING PARK<br>JACKSONVILLE BEACH FL  |  |   |                                  |                                     |                 |
| JACKSOMVILLE   | BEACH FL 32250   | MONOCHRIECE DENGIS IE  | VELOV  | DO NOT WRITE IN T   | HIS SPACE                        |                                     | _               |
|  |  |  |  | 3. Date incorporated or Qualifed  |                                  |                                     | 1               |
| )  |  |  |  | 01/02/1998  |                                  |                                     |                 |
| 2. Principal P   | lace of Business   | 2a, Mailing Address  |  | 4, FEI Number   | Apr                              | plied For                           |                 |
| 21   |  | 26   |  | 59-3486665  | No                               | t Applicable                        |                 |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired  | \$8.75 A                         | Additional                          | l               |
| 22   |  | 27   |  | 5. Centricate of Status Desired   | Fee Re                           | quired                              | 1               |
| City & State   | 8  | City & State   |  |   | \$5:00                           | May Be                              | +               |
| 23   |  | 28   | · ·  | Trust Fund Contribution   | Added t                          | o Fees                              | 1               |
| Zip  | Country  | Zip  | Country  | 8. This corporation owes the current year   | r Inta <u>ng</u> ible 🦼          | _                                   |                 |
| 24   | 25   | 29   | 30   | Personal Property Tax.  |                                  | ØNo                                 | Į.              |
| <del></del>  | 9. Name and Address of Current   | Registered Agent   |  | 10. Name and Address of New Register  | red Agent                        |                                     | 4               |
|  |  |  | 61 Name: 1   | liam Tapkart  |                                  |                                     |                 |
|  | DD, LOWELL   |  | 82 Street Add  | ress (P.O. Box Number is Not Acceptable)  | N. 11.                           |                                     | 1               |
| 626 MARSH LANDING PARKWAY STE. 203   |  |  | ווואלווון  | marsh lawing  | rance                            | <u>aw)</u>                          | 1               |
| JAC  | KSONVILLE BEACH FL 32250   |  | 83   | 20mm 102  |                                  |                                     | 1               |
|  |  |  |  | ALL ALIKA ()  | les Zio C                        | ode.                                | ┨               |
|  |  |  | 84 City  | vermille.   |                                  | ጀሕናሪ                                | <b>)</b>        |
| 44 Durewent  | to the provisions of Sections 607.0502   | and 607.1508, Florida Statute  | s, the above-named con   | poration submits this statement for the purpose   | of changing its                  | registered                          | 1               |
|  |  |  |  |   |                                  |                                     | li .            |
| office of r  | egistered agent, or both, in the State of  | f Florida Such change was au   | thorized by the corporat   | ion's board of directors. I hereby accept the ar  | pocintiment as rec               | pistered                            |                 |
| office of re<br>agent. I a   | egistered agent, or both, in the State of m familiar with, and except the chilicat   | of Florida Such change was au<br>june of Section 607.0505 Florida  | thorized by the corporation Statutes.  | poration submitta this statement for the purposi-<br>ion's board of directors. I hereby accept the ap | opointment as reg                | jistereo                            |                 |
| office of re<br>agent. I a   | egistered agent, or both, in the State of m familiar with, and appendix be obligated.  | of Florida Such change was at juns of Section 607.0503. Florida  | nnonzed by the corporation Statutes.   | gon's board of directors. Thereby scrept group  | opointment as rec                | ):Stereo                            | e e             |
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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 certify 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.