


**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90198 019 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|--|---|---|

**DOCUMENT # P98000001623**  
 1. Corporation Name  
**PROFESSIONAL MASSAGE SERVICES, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>626 MARSH LANDING PARKWAY STE. 203<br>JACKSONVILLE BEACH FL 32250 | Mailing Address<br>626 MARSH LANDING PARKWAY STE. 203<br>JACKSONVILLE BEACH FL 32250 |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                |    |                             |  |   |  |
|--------------------------------|----|-----------------------------|--|---|--|
| 2. Principal Place of Business |    | 2a. Mailing Address         |  | 3. Date Incorporated or Qualified<br>01/02/1998   |  |
| 21                             | 26 | 4. FEI Number<br>59-3486665 |  | Applied For<br>Not Applicable   |  |
| Suite, Apt. #, etc.            |    | Suite, Apt. #, etc.         |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 22                             |    | 27                          |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                     |  |
| City & State                   |    | City & State                |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 23                             | 28 | Zip Country                 |  | 29 30   |  |
| 24                             | 25 | Zip Country                 |  | 29 30   |  |

9. Name and Address of Current Registered Agent  
**WOOD, LOWELL**  
 626 MARSH LANDING PARKWAY STE. 203  
 JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent  
 81 Name: **William Tarbart**  
 82 Street Address (P.O. Box Number is Not Acceptable): **626 Marsh Landing Parkway**  
 83 ~~626 Marsh Landing Parkway~~  
 84 City: **Jacksonville** FL 85 Zip Code: **32250**

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 607.0503, Florida Statutes.  
 SIGNATURE: \_\_\_\_\_ DATE: **5/7/99**

12. OFFICERS AND DIRECTORS

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | D                                  | <input type="checkbox"/> DELETE            |
| NAME           | TARBART, WILLIAM                   |  |
| STREET ADDRESS | 626 MARSH LANDING PARKWAY STE. 203 |  |
| CITY-ST-ZIP    | JACKSONVILLE BEACH FL 32250        |  |
| TITLE          | PS                                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | WOOD, LOWELL                       |  |
| STREET ADDRESS | 626 MARSH LANDING PARKWAY STE. 203 |  |
| CITY-ST-ZIP    | JACKSONVILLE BEACH FL 32250        |  |
| 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          | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           |           |  |
| 1.3 STREET ADDRESS |           |  |
| 1.4 CITY-ST-ZIP    |           |  |
| 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: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (1/1998)