

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90204 023 ***150.00

DOCUMENT # P98000037925

1. Corporation Name

SHELLY WOOLF, L.M.T., INC.

Principal Place of Business

2851 N.E. 183 STREET APT. 409
NORTH MIAMI BEACH FL 33160

Mailing Address

2851 N.E. 183 STREET APT. 409
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

65-0831973

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

2. Principal Place of Business

21 3401 N. Country Club Dr. #205
Suite, Apt. #, etc.

22 Aventura, FLA. 33180
City & State

23 Dade
Zip Country

24 25

2a. Mailing Address

26 Shelly Woolf L.M.T.
Suite, Apt. #, etc.

27 3401 N. Country Club Dr. #205
City & State

28 Aventura Florida
Zip Country

29 33180 30 Dade

9. Name and Address of Current Registered Agent

WOOLF, SHELLY
2851 N.E. 183 STREET APT. 409
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name Shelly Woolf

82 Street Address (P.O. Box Number is Not Acceptable)
3401 N. Country Club Dr. # 205

83

84 City Aventura FL 85 Zip Code 33180

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 SDPT
NAME WOOLF, SHELLY
STREET ADDRESS 2851 N.E. 183 STREET APT. 409
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Date

305-158-1888

Daytime Phone #

CR2E034 (11/98)

0059928