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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9800038302

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90143 041 ***150.00



DOCUMENT # P9800038302 1. Corporation Name ST ARMANDS THERAPEUTIC MASSAGE INC EMBOR EMBOR THERAPEUTIC MASSAGE INC					
ST ARMANDS THERAPEUTIC MASSAGE INC					
Enax	•	Enron			
Principal Place		Mailing Address		(EERLISEAL EIG LEIGH (AUIT DAINL ABINL PRUIL CATATÀ	ČINDI FOTON CINEL ODICO LINE IONI
	GLING BLVD SUITE 3	(301) JOHN RINGLING BLVD.	SUITE 3		
SARASOTA FL		SARASOTA FL 34236		DO NOT MEDITE IN TURO	SDACE - 4
	1			DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE 1/2
				04/27/1998	
2 Principal P	lace of Rusiness	2a. Mailing Address 3/0 J	Dho Ludha Bud S		Applied-For
310	lace of Business 10HN Kingling Blud. Swit 3 2010 TL 34236	26 Sarapota	FL 34234		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	113	5. Certificate of Status Desired	\$8.75 Additional
22	•	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inte	angible
24	25	29 36	o	Personal Property Tax	☐ Yes ☑ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
NACUA, JOSELITO			81 Name	Same	
40 - WY	JOHN RINGLING BLVD., SUITE 3		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	ASOTA FL 34236		83	John Ringling BWD. Suite 3	
OAN	HOOTA 1 E 04200		83		
			84 City <	árasota FL	85 Zip Code
AA D			#b = ab at a mamod an	maration submits this statement for the purpose of	changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					ntment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature requ		
12. م	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TILE O	PD	DELETE	1.1 TITLE		Change Addition
NAME \		NACUA, JOSELITO			
STREET ADDRESS			1.2 NAME	. On a direct thing the Care	He 2
		NTE 3 🥣	1.3 STREET ADDRESS	310 John Ringling Blud. Sui	te 3
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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 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:

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