

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

0140625

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90183 049 ***150.00

DOCUMENT # **P98000038936**

1. Corporation Name

VICTORIA M. DELEE, L.M.T., P.A.



Principal Place of Business
3550 WASHINGTON ST. #503
HOLLYWOOD FL 33021

Mailing Address
3550 WASHINGTON ST. #503
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1998

4. FEI Number

☒ 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 **Club Body Tech**
Suite, Apt. #, etc.

22 **1955 Harrison St**
City & State

23 **Hollywood FL**
Zip

24 **33020** Country **USA**

2a. Mailing Address

26 **P.O. Box 221025**
Suite, Apt. #, etc.

27 **Hollywood FL**
City & State

28 **33022** Country **USA**
Zip

29 **30**

9. Name and Address of Current Registered Agent

DELEE, VICTORIA M
3550 WASHINGTON ST. #503
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name **Victoria M DeLee**

82 Street Address (P.O. Box Number is Not Acceptable)
4980 SW 195 TER

83

84 City **FL LAUDERDALE FL** 85 Zip Code **33332**

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

(NOT E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DELEE, VICTORIA M**
STREET ADDRESS **3550 WASHINGTON ST. #503**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **4980 SW 195 Ter**
1.4 CITY-ST-ZIP **FL, Lauderdale FL 33332**

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 a I other like empowered.

SIGNATURE:

Victoria M DeLee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-99

954-222-0000

CR2E034 (11/98)