

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90247 035 ***150.00

DOCUMENT # P98000039003

1. Corporation Name
GOLDEN HANDS THERAPY, INC.



Principal Place of Business
2801 NE 183 STREET STE PH 2202
AVENTURA FL 33160

Mailing Address
2801 NE 183 STREET STE PH 2202
AVENTURA FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1998

2. Principal Place of Business

2a. Mailing Address

21. ~~21~~ SAME

26. SAME

4. FEI Number
* I HAVE NOT YET REGISTERED

Applied For
☒ Not Applicable

22. Suite, Apt. #, etc. SAME

27. Suite, Apt. #, etc. SAME

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. City & State SAME

28. City & State SAME

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip SAME 25. Country SAME

29. Zip SAME 30. Country SAME

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHMAN, LOWELL
2801 NE 183 STREET STE PH 2202
AVENTURA FL 33160

81. Name

SAME

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D RICHMAN, LOWELL
STREET ADDRESS 2801 NE 183 STREET STE PH 2202
CITY-ST-ZIP AVENTURA FL 33160

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME * I AM BECOMING
1.3 STREET ADDRESS A MASSAGE THERAPIST
1.4 CITY-ST-ZIP AND PROBABLY WON'T BE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME STARTING ANY BUSINESS
2.3 STREET ADDRESS UNTIL THE FALL OF 99.50
2.4 CITY-ST-ZIP AT TIME I PLAN TO GET

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME MY FEI #. I WANTED TO
3.3 STREET ADDRESS KEEP THIS CORP. ALIVE
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME WITHOUT PENALTY
4.3 STREET ADDRESS SO ENCLOSED IS MY CHECK
4.4 CITY-ST-ZIP WHICH COMES FROM

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME CASINO GAMBLING
5.3 STREET ADDRESS AS A LOAN UNTIL I GET
5.4 CITY-ST-ZIP STARTED IN THE FALL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME IF I AM INCORRECT PLEASE
6.3 STREET ADDRESS NOTIFY ME + I WILL GET A
6.4 CITY-ST-ZIP FEI # TO YOU

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:

Lowell Richman Pres. 4-24-99 (305) 933-3935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0232805