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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre:ary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000052997

1. Corporation Name

KAREN'S STRESS MANAGEMENT INC.

Principal Flace of Busines		Mailing Address		<u> </u>				
2911 HOFFNER AVENUE		2911 HOFFNER AVENUE						
ORLANDO FL 32812		ORLANDO FL 32812						
							HIS SPACE	
					3. Date Incorporated or Qualifo	ed		
					06/11/1998		-	
2. Principal Place of Busi	ness	2a. Mailing Address			4. FEI Number			Applied For
H		26	_ 		59-3518554			lo: Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional Required
City & State		City & State			Election Campaign Financin Trust Fund Contribution	9 🗆) May Be I to Fees
Zip	Country	Zip	Countr	у —	8. This corporation owes the c	urrent vea	r Intangible	
14	25	29	30	•	Personal Property Tax.		Yes	.xNo
	and Adcress of Curre		,···, ———		10. Name and Address of New	w Registe	red Agent	
ORLANDO FL	32812		83	,	_			
		02 and 607.1508. Florida Statut	84	4 City	ccrporation submi's this statement for t	he nurnos	e of changing i	Code ts registered
11. Pursuant to the provi office or registered a agent. I am familiar v	sions of Sections 607.05 gent, or both, in the State with, and accept the oblig	eof Florida. Such change was a ations of, Section 607.0505, Flo	es, the above uthorized by rida Statute	City ve-named of the corporations.	ccrporation submits this statement for to section's board of directors. I hereby ac	he purpos cept the a	e of changing i prointment as	ts registered
11. Pursuant to the provioffice or registered a agent. I am familiar w	sions of Sections 607.05 gent, or both, in the State with, and accept the oblig dorprinted haine of registered ag	e of Florida, Such change was a atoms of, Section 607.0505, Flo	es, the abov uthorized by rida Statute	City ve-named of the corporations.	equired when reinstaling)	he purpos cept the a	e of changing i	ts registered reg stered
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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 indicate 3 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

☐ Change

Addition

☐ Addition