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 23, 1999 8:00 am
Secretary of State
04-23-1999 90101 036 ***150.00

DOCUMENT # **P980000** 71563

1. Corporation Name

MASSAGE THERAPY CENTER OF S.W. FLORIDA, INC.

Principal Place of Business
861 S.E.47th Terrace
Cape Coral, FL 33904

Mailing Address
861 S.E. 47th Terrace
Cape Coral, FL 33904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. # etc
City & State
Zip Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified
08/13/98

4. FEI Number
65-0859114
☐ 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

9. Name and Address of Current Registered Agent

CECELIA E. SIMON
861 S.E. 47th Terrace
Cape Coral, FL 33904

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	President ☐ DELETE	11 TITLE	☐ Change ☐ Addition
Name	CECELIA E. SIMON	12 NAME	
Street Address	4928-A1 Vincennes Street	13 STREET ADDRESS	
City-St-Zip	Cape Coral, FL 33904	14 CITY-ST-ZIP	
Title	Vice-President ☐ DELETE	21 TITLE	☐ Change ☐ Addition
Name	JOSEPH M. IRVIN	22 NAME	
Street Address	4928-A1 Vincennes Street	23 STREET ADDRESS	
City-St-Zip	Cape Coral, FL 33904 ☐ DELETE	24 CITY-ST-ZIP	
Title	☐ DELETE	31 TITLE	☐ Change ☐ Addition
Name		32 NAME	
Street Address		33 STREET ADDRESS	
City-St-Zip		34 CITY-ST-ZIP	
Title	☐ DELETE	41 TITLE	☐ Change ☐ Addition
Name		42 NAME	
Street Address		43 STREET ADDRESS	
City-St-Zip		44 CITY-ST-ZIP	
Title	☐ DELETE	51 TITLE	☐ Change ☐ Addition
Name		52 NAME	
Street Address		53 STREET ADDRESS	
City-St-Zip		54 CITY-ST-ZIP	
Title	☐ DELETE	61 TITLE	☐ Change ☐ Addition
Name		62 NAME	
Street Address		63 STREET ADDRESS	
City-St-Zip		64 CITY-ST-ZIP	

CR2E034 (11/98)

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: Cecelia Simon