CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000091249

JACQUELINE WIESNER PROFESSIONAL MASSAGE THERAPY

I Principal Pt							. Ba lka (202) (1818 (181	
i i	ace of Business	Mailing Address				1 (30)(96) (14 (4m) 10m) 40m 40m 41m	i ansira sasati mafa stati	i Aikta isti täsi
2231 UNIT B MCGREGOR BLVD 2231 UNIT B MCGREGOR FT MYERS FL 33901 FT MYERS FL 33901						\$	• •	
						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
2. Principal	Place of Business	20.00.00.00.00.00.00.00.00				10/26/1998		
⊢ ·	2. Principal Place of Business 2a. Mailing Address 25					4. FEI Number 65~0866530	<u> ^</u>	pplied For
Suite, Apt. #, etc. Suite, Apt. #, etc.						03-0800330		ot Applicable
<u> </u>				والمراجعة المسابد		5. Certificate of Status Desired		Additional equired
City & St	ate	City & State				6. Election Campaign Financing		
23		28				Trust Fund Contribution		May Be to Fees
Zip	Country Zip			Country		8. This corporation owes the current year		
24	25	29	30	,		Personal Property Tax.	ŬYes	□No
 	9. Name and Address of Curre	ent Registered Agent		1001		10. Name and Address of New Registr	ered Agent	
l WIE	ESNER. JACQUELINE			81 1	lame			
1614 NE 7 STREET				82 Street Addr		ss (P.O. Box Number is Not Acceptable)		
CAPE CORAL FL 33909				83				
Ì				84 C	ity		85 Zip (Code
11. Pursuan	it to the provisions of Sections 607.05	02 and 607,1508, Florida Stat	utes the a	Dove-na	med como			conintered
office or agent, I a	registered agent, or both, in the State am familiar with, and accept the oblice	of Florida, Such change was ations of, Section 607,0505. F	authorized	d by the	corporation	ration submits this statement for the purpos 'a board of directors. I hereby accept the a	bbójupmeut az te	gistered
SIGNATURE			ionaa ota					
	Signature, typed or printed name of registered ag-		TE: Registered	l Agent sign	unture required v	when reinstating) OATI	E	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
NAME	Jacqueline Wie		1.1 77		- 1	-	Change	☐ Addition
STREET ADDRESS			12 N	-)			
CITY-ST-ZIP	1		B-135					
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

84 CITY-ST-ZIP

Jacqueline P Wiesner 01-18-99

941-334-0230

Daytime Phone #

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90101 025 ***150.00

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