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

**PROFIT CORPORATION** ANNUAL REPORT

1997



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**  **FILED** 

Apr 14 1997 8:00am

Secretary of State

DOCUMENT # V51545

(4)

PALM BEACH MASSAGE CLINIC, INC.

- 1 (40); 4(10); 1(10);

Principal Place	of Business	Mailing Address		i ikkin diradi dirak ildar dirin bibat ani:	41611 41611 61411 61611 41611 61611 1001
5600 S. DIXIE H West Palm be Us	#GHWAY FACH FL 33405-3606	2600 IROQUIOIS CIR. West Palm Beach FL 33409-7219			
00				3. Date Incorporated or Qualified 07/17/1992	3a. Date of Last Report 06/17/1996
. Principa! Pla	ace of Business	2a. Mailing Address	0000	4. FEI Number	Applied For
<u> </u>		26 5440 N.	Ocean	$\mathcal{D}\beta$ , 65-0351815	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	hit 206	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Cify & State	~ ~ ~	6. Election Campaign Financing	\$5.00 May Be
]		28 BIVICE	n Bch	FL. Trust Fund Contribution	Added to Fees
Ζip	Country	Zip	Country	8. This corporation has liability for	
<u></u>	25		30 Palm B		Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	SCH, JOHN R				
	IROQUOIS CIRCLE T PALM BEACH FL 33409		82 Street	Address (P.O. Box Number is Not Acceptat	The Unit 201
HEO	I FALM DEACH FL 30408		83	40 W. OE (47) U	<u> </u>
	$\Lambda$				
		$\sim$	84 City	BIVIERA Beach	FL 85 339404
1. Pursuant to	the provisions of Sections 607.05	502 and 607.1508, Florida Statute	es, the above-named		
office or re	girtered agent, or both, in the Sta Mamiliar with, and accept the obli	te of florida. Such change vids a cultious of Section 607,050M Flo	uthorized by the corp rida Statutes.	corporation submits this statement for the poration's board of directors. I hereby accept	of the appointment as registered
IGNATURE _		/ \ /			4-5-97
S	signment type for fritten style of redictored a		: Registered Agent signature		DATE
·	OFFICERS A	NU DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
4/	RUESCH, LORETTA M	☐ DELETE	1.1 TITLE	PRESIDENT	Change Addition
MIL	2600 IROQUOIS CIR		1.2 NAME	+c0	unit 206
REET AUDRESS	WEST PALM BEACH FL		1.3 STREET ADDRESS	5440 N. OLEAN DR	71 38484
TY+ST+7IP FLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	BIVIERA DES	Change Addition
MME	RUESCH, JOHN R.		2.2 NAME		
REEL ADDRESS	2600 IROQUOIS CIR.		2.3 STREET ADDRESS	5440 N. OCEAL D	or unitall,
14 - S1 - ZIP	WEST PALM BEACH FL		2 4 CITY - ST - ZIP	RIVIERD BCh	FL 33404
TLF .		DELETE	31 TITLE		. Change Addition
AMē.			3 2 NAME	i i	
REET ADDRESS			3.3 STREET ADDRESS		
TY - \$1 - ZIF			3.4. CITY - ST - ZIP		
ILE		☐ DELETE	4.1 TITLE		Change Addition
MF			4. 2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
11Y - ST - ZIP		☐ DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
TLE AME		□ nerete	5.1 TILE 5.2 NAME		En ordings En Addition
AME IREET ADDRESS			5.2 NAME  5.3 STREET ADDRESS		
1Y - \$1 - ZIP			5.4 CITY-ST-ZIP		
TLF		DELETE	6.1 TITLE		Change Addition
AMF			62 NAME	·	
TREET ADDRESS			6.3 STREET ADDRESS		
(ITY-\$1-ZI <sup>O</sup>	Λ		64 VITY-ST-ZIP		
4. I do hereb	y certify that the information suppl	led with this king does no qualit	y for the exemption	tated in Section 119.07(3)(i), Florida Statute	s. Hurther cartify that the
intermation Lant an off	ningicated on this annual teport of ficer or director of the comporation	r suppliemental annual report is to or,the receiver or trustee empow	ered to execute this	that my signature shall have the same legateport as required by Chapter 607, Florida S	ii emed as irmade under oath; tha Statutes; and that my name
appears in	Block 12 or Block 13 if changed	on an attachment with an add	fress.	4000	740 9327
SIGNATI	IDE.	midital	Mesk	フ・ソイグ	
MANDE	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone #