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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # V72870

(1)

MASSAGE THERAPY AND STRESS MANAGEMENT, INC.

FILED Feb 24 1997 8:00am Secretary of State



Principal Place of Business 7735 EDGEWATER DRIVE W PALM BEACH FL 33406	EDGEWATER DRIVE 7735 EDGEWATER DRIVE		····	T HOUSE OUTSITE STORY STORY STORY OF A STORY OF STORY STORY OF STO			
				3. Date Incorporated or Qualified 10/16/1992		ate of Last 06/1996	
2. Principal Place of Business	2a. Mailing Address	1000	4. FEI Number			Applied For	
11/495 FOREST HILL BIV		5 ABOV	65-0364320 Not Applicab				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country	Zip	Country		This corporation has fiability for			
33406 25 USA	29	30			Yes [B. 150.00£,
9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	gistered	Agent	
FRATZ, NANCY LEIGH		81 N	ame				
7735 EDGEWATER DRIVE			reet Add	Iress (P.O. Box Number is Not Acceptat	ole)		
W PALM BEACH FL 33406		83					
		84 C	<u> </u>			OE 7ic	Code
Pursuant to the provisions of Sections 60 office or registrated agent, or both, in the agent. Law sampliar with, and accept the			•		FL		
	S AND DIRECTORS	13.	nature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND		
TILE D	DELETE	1.1 TITLE				Change	Addition
NAME FRATZ, NANCY LEIGH 7735 EDGEWATER DR.		1.2 NAME					
W DALM DEACH CL		1.3 STREET ADD	ì				
CITY-ST-ZIP W PALM DEAUTI PL	DELETE	1.4 CHY-ST-Z) 2.1 THLE		The state of the s		Change	Addition
NAME		2.2 NAME		1			
STREET ADDRESS		2.3 STREET ADD	RESS				
CiTy - S1 - 7IF		2.4 CITY-ST-Z	P			F-1 %.	
TITLE	☐ DELETE	3.1 TITEE				Change	Addition
NAME STREET ADDRESS		3.2 NAME 3.3 STREET ADD	ocec				
CHY - ST - ZIP		3 4. CITY - ST - ZI	1				
Title	DELETE	41 TITLE				Change	Addition
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADD	RESS				
CITY-S1-ZIP	Br. cve	4.4 CITY - ST - ZI	-			1 0	T Again
TITLE	DELETE	5.1 TITLE				Change	Addition
NAME STREET ADORESS		5.2 NAME 5.3 STREET ADD	DESS.				
STREET ALAURESS CHY-ST-ZIP		5.4 CHTY-\$1-24					
THE	☐ DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	·	6.2 NAME				-	
STREET ADDRESS		6.3 STREET ADD	RESS				
Crty - St - Zif*		6.4 CITY - ST - ZI	>				

14. I do 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.