

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G92127 (1)**
1. Corporation Name
HEALTH TEK EQUITY, INC.



Principal Place of Business: **143 EXECUTIVE CIRCLE DAYTONA BEACH FL 32114**
Mailing Address: **143 EXECUTIVE CIRCLE DAYTONA BEACH FL 32114**

3. Date Incorporated or Qualified: **03/20/1984**
3a. Date of Last Report: **01/18/1995**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date Incorporated or Qualified		Date of Last Report	
143 EXECUTIVE CIRCLE DAYTONA BEACH FL 32114		143 EXECUTIVE CIRCLE DAYTONA BEACH FL 32114		59-2392152		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		03/20/1984		01/18/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Trust Fund Contribution		This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Not Applicable		<input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State		City & State		59-2392152		<input type="checkbox"/>		<input type="checkbox"/>		Applied For		<input type="checkbox"/>	
Zip		Country		City & State		City & State		City & State		Not Applicable		<input type="checkbox"/>	
24		25		26		27		28		29		30	
Zip		Country		City & State		City & State		City & State		City & State		City & State	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTER, WILLIAM A.
143 EXECUTIVE CIRCLE
DAYTONA BEACH FL 32114**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	City
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, WILLIAM A.	1 2 NAME	
STREET ADDRESS	143 EXECUTIVE CIRCLE	1 3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	1 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *William A. Walter* **2/16/96 904/253-6222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)