

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90026 047 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000027270**

1. Corporation Name  
**WELLNESS RESOURCE CENTER, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**660 LINTON BLVD. SUITE 112 DELRAY BEACH FL 33444**      **660 LINTON BLVD. SUITE 112 DELRAY BEACH FL 33444**

3. Date Incorporated or Qualified  
**04/12/1993**

4. FEI Number  
**65-0404739** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**SPRINKLE, PHILIP M II**  
**PHILLIPS POINT-EAST TOWER**  
**777 S. FLAGLER DR., SUITE 900**  
**WEST PALM BEACH FL 33401**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE

NAME **SLOAN, KATHYRN F**

STREET ADDRESS **7258 GOLF COLONY CT #101**

CITY-ST-ZIP **LAKE WORTH FL 33407**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

NAME **President**

1.2 NAME **DAVID MICHAEL**

1.3 STREET ADDRESS **739 FLAMINGO DR**

1.4 CITY-ST-ZIP **WRB FL 33401**

2.1 TITLE  Change  Addition

2.2 NAME **STEVE CARTER**

2.3 STREET ADDRESS **8935 SONOMA LAKE BLVD**

2.4 CITY-ST-ZIP **BOLA RAYON FL 33434**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 807, 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: **DAVID MICHAEL** **REQUADRO** **DAVID Michael** **1-5-99** **56-278-8411**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)