

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000089749 (3)**

1. Corporation Name  
**FOR THE HEALTH OF IT, INC.**



Principal Place of Business  
**2217 WEST COUNTY HWY 30-A  
 SANTA ROSA BEACH FL 32459**

Mailing Address  
**P.O. BOX 42  
 PT. WASHINGTON FL 32454**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified <b>12/12/1994</b>	3a. Date of Last Report <b>06/20/1995</b>
4. FEI Number <b>59-3287992</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BERRY, EDWARD  
 1224 N. HIGHWAY 395  
 PORT WASHINGTON FL 32454**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0600 and 607.1500, 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, Sections 607.0600, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>BERRY, EDWARD</b>	
STREET ADDRESS	<b>1224 N. HWY 395</b>	
CITY-STATE-ZIP	<b>PT. WASHINGTON FL 32454</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>MORGAN, RACHEL</b>	
STREET ADDRESS	<b>1224 N. HWY 395</b>	
CITY-STATE-ZIP	<b>PT. WASHINGTON FL 32454</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	
2. NAME	
2. STREET ADDRESS	
2. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	
3. NAME	
3. STREET ADDRESS	
3. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	
4. NAME	
4. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
5. NAME	
5. STREET ADDRESS	
5. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	
6. NAME	
6. STREET ADDRESS	
6. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this annual report or supplement annual report is true and correct 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 beneficial owner or holder empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change in control has taken place.

SIGNATURE: *Edward P. Berry* President 4/12/96 904-267-0558  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)