


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90053 003 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # F9500065031 1. Corporation Name HEALTH + WEALTH OPPORTUNITIES, INC. | | | |
| Principal Place of Business | | Mailing Address | |
| PO Box 95-2768 LAKE MARY FL 32795 USA | | PO Box 95-2768 LAKE MARY FL 32795 - USA | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt. #, etc. | | 26 PO Box 7967 | |
| 22 PO Box 7967 | | 27 Suite, Apt. #, etc. | |
| 23 City & State NAPLES FL | | 28 City & State NAPLES FL | |
| 24 Zip 34101 Country USA | | 29 Zip 34101 Country USA | |
| 3. Date Incorporated or Qualified | | 4. FEI Number 59 3348794 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 6. Election Campaign Financing <input type="checkbox"/> | | 7. Additional Fee Required \$8.75 | |
| 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 9. Name and Address of Current Registered Agent | |
| 10. Name and Address of New Registered Agent | | 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. | |
| 81 Name MARTIN PRAGUE CPA | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 545 N. PARK AVE | | 84 City Winter Park FL 85 Zip Code 32789 | |
| SIGNATURE MARTIN PRAGUE | | DATE 4/14/99 | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE <input type="checkbox"/> DELETE | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME JOYCE JACOBS | | 1.2 NAME | |
| STREET ADDRESS PO Box 7967 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP NAPLES FL 34101 | | 1.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME ARTHUR JACOBS | | 2.2 NAME | |
| STREET ADDRESS PO Box 7967 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP NAPLES FL 34101 | | 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental or 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, with all other like empowered.

SIGNATURE:

Joyce Jacobs
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (11/98)