

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

FILED

**May 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000092132 (5)
1. Corporation Name
WORLD WELLNESS, INC.

Principal Place of Business: 11350 66TH ST N SUITE 109 LARGO FL 34643
Mailing Address: 11350 66TH ST N SUITE 109 LARGO FL 34643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 36555 U.S. 19 No. Suite, Apt. #, etc.
2a. Mailing Address: 36555 U.S. 19 No. Suite, Apt. #, etc.
23. City & State: Palm Harbor, FL
28. City & State: Palm Harbor, FL
24. Zip: 34684 Country: U.S.A.
29. Zip: 34684 Country: U.S.A.

3. Date Incorporated or Qualified: 11/01/1996
4. FEI Number: 59-3416410 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: GARCIA, CARLOS M 11350 66TH ST N SUITE 109 LARGO FL 34643

10. Name and Address of New Registered Agent: Garcia, Carlos M. 36555 U.S. Hwy 19 No. Palm Harbor FL 34684

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: *[Signature]* DATE: 4-8-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, CARLOS M	
STREET ADDRESS	11350 66TH ST N SUITE 109	
CITY-ST-ZIP	LARGO FL 34643	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carlos M. Garcia, M.D.	
1.3 STREET ADDRESS	36555 U.S. Hwy 19 No.	
1.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jhon Lain	
2.3 STREET ADDRESS	5128 Carey Rd.	
2.4 CITY-ST-ZIP	Tampa, FL 33624	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tracy Boyer	
3.3 STREET ADDRESS	8664 Longwood Dr.	
3.4 CITY-ST-ZIP	Largo, FL 33777	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Margaret Ann Klee	
4.3 STREET ADDRESS	1947 Susan Lane	
4.4 CITY-ST-ZIP	Fort Mitchell, Ky 41011	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4-8-98 (813) 771-9610

CR2E034 (10/97)