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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P96000092132**

1. Corporation Name
WORLD WELLNESS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
36555 US 19 N
PALM HARBOR FL 34684
US

Mailing Address
36555 US 19 N
PALM HARBOR FL 34684
US

3. Date Incorporated or Qualified
11/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

4. FEI Number
59-3416410

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

9. Name and Address of Current Registered Agent

GARCIA, CARLOS M
36555 US HWY 19 N
PALM HARBOR FL 34684

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	<input type="checkbox"/> DELETE
NAME	GARCIA, CARLOS M	
STREET ADDRESS	36555 US HWY 19 N	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAIN, J	
STREET ADDRESS	5128 CAREY RD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOYER, T	
STREET ADDRESS	8664 LONGWOOD DR	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEE, M A	
STREET ADDRESS	1947 SUSAN LANE	
CITY-ST-ZIP	FT MITCHELL KY 41011	
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	PRESIDENT / CEO.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARCIA, CARLOS M.	
1.3 STREET ADDRESS	36555 US HWY 19 N	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
2.1 TITLE	VICE PRESIDENT / SEC / CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAIN, JHON T.	
2.3 STREET ADDRESS	36555 US HWY 19 N.	
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JUNG, CATHERINE	
3.3 STREET ADDRESS	36555 US HWY 19 N	
3.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
4.1 TITLE	DIRECTOR / EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LAIN, ANITA D	
4.3 STREET ADDRESS	36555 US HWY 19 N.	
4.4 CITY-ST-ZIP	PALM HARBOR, FL 34684.	
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, with all other like empowered.

SIGNATURE: John T. Lain, VP/SEC/CFO 3-28-99 727-771-9668
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)