

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # **M99725**  
1. Corporation Name  
**HEALTH EDUCATION, INCORPORATED**

Principal Place of Business  
6278 N. FEDERAL HWY  
#224  
FT. LAUDERDALE FL 33308  
US

Mailing Address  
6278 N. FEDERAL HWY.  
#224  
FT. LAUDERDALE FL 33308

FILED

99 NOV 29 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified

09/16/1988

4. FEI Number

65-0382203

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.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

FUZY, JETTA LEE  
6495 BAY CLUB DRIVE, #3  
FT. LAUDERDALE FL 33308

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FT. LAUDERDALE FL

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FT. LAUDERDALE FL 33308

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NAME

STREET ADDRESS

CITY-ST-ZIP

FT. LAUDERDALE FL 33308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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7.97 TITLE

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7.99 STREET ADDRESS

7.100 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-10-99

CR2E034 (5/99)

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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To Whom It May Concern,

At the suggestion of a very helpful gentleman named Tyron at the 850-487-6059 telephone number, I am writing to request that my small company Health education, Inc. be kept or reinstated at an active status. I moved the company unto my home last year and it seems I either never received or I misplaced the January notice. I have the second notice, however Health Education, Inc. is a very small company with no employees, only myself who writes and distributes the medical education courses in my spare time. I never have more than \$500.00 in the account at any one time and could not possibly pay the \$750.00 fee.

If you will accept the enclosed \$150.00 check to cover the 1999 fee and reinstate Health Education, I will continue to attempt to keep this small company afloat. I feel that the company serves the community well by offering quality courses to health care personnel. Unfortunately, it is not making a profit at this time.

Thank you for your consideration.

Jetta Fuzy, RN, MS  
President

