


FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750937 (5)

1. Corporation Name
WELLNESS, INC.



400001897384
 -07/18/96--01008--048
 ***70.00

Principal Place of Business 8930 NW 89 AVE GAINESVILLE FL 32606 US	Mailing Address 8930 NW 89TH AVENUE P.O. BOX 749 GAINESVILLE FL 32606 US
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3. Date Incorporated or Qualified 02/05/1980	3a. Date of Last Report 04/05/1995
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2. Principal Place of Business 21 4300 N.W. 89th Blvd.	2a. Mailing Address 26 4300 N.W. 89th Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Gainesville, FL	28 City & State Gainesville, FL
24 Zip 32606	25 Country US
29 Zip 32606	30 Country US

4. FEI Number 59-2011032	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DEMONTMOLLIN, STEPHEN J
~~8930 NW 89TH AVENUE~~
~~GAINESVILLE FL 32606~~

10. Name and Address of New Registered Agent

81 Name
deMontmollin, Stephen J.

82 Street Address: (P.O. Box Number is Not Acceptable)
4300 N.W. 89th Blvd.

83

84 City
Gainesville, FL

85 Zip Code
32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Stephen J. deMontmollin* 4/26/96
 Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required for new filings) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FRENCH, ROYAL 8930 NW 89TH AVE GAINESVILLE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DURRANCE, JACK 8930 NW 89TH AVENUE GAINESVILLE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POWELL, RODGER 8930 N.W. 89TH AVENUE GAINESVILLE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEDDIE, EDWARD C 8930 NW 89TH AVENUE GAINESVILLE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COSBY, EDGAR 8930 NW 89TH AVENUE GAINESVILLE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKINLEY, PAUL 8930 NW 89TH AVENUE GAINESVILLE FL	<input type="checkbox"/> DELETE

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	D French, Royal 4300 N.W. 89th Blvd. Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	DC Carr, Ed.D., Glenna 4300 N.W. 89th Blvd. Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	DVC Mounger, William 4300 N.W. 89th Blvd. Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	DS Bennett, Edwin 4300 N.W. 89th Blvd. Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	DT Dinkins, W. Arnold 4300 N.W. 89th Blvd. Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	D Bullard, Audrey 4300 N.W. 89th Blvd. Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul G. Huggins* 4/26/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Asst. Secretary

CR2E037 (12/95)

CS 7/17/96

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WELLNESS, INC.

ADDITIONS/CHANGES to OFFICERS and DIRECTORS

(continued)

D	Daniels, Al	4300 NW 89th Blvd	Gainesville, FL 32606
D	Martsof, Mary	4300 NW 89th Blvd	Gainesville, FL 32606
D	Nell, Cathy	4300 NW 89th Blvd	Gainesville, FL 32606
D	Townsend, Wallace	4300 NW 89th Blvd	Gainesville, FL 32606

Asst. Secretary Philip J. Hughey 4300 NW 89 Blvd Gainesville, FL 32606

President Peddie, Edward C. 4300 NW 89 Blvd Gainesville FL 325606