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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750937 (5)

1. Corporation Name
WELLNESS, INC.

Principal Place of Business 4300 N.W. 89TH BLVD GAINESVILLE FL 32606 US	Mailing Address 4300 N.W. 89TH BLVD GAINESVILLE FL 32606-5688 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 02/05/1980	3a. Date of Last Report 07/17/1996
4. FEI Number 59-2011032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
4300 N.W. 89TH BLVD
GAINESVILLE FL 32606**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DS FRENCH, ROYAL 4300 N.W. 89TH BLVD GAINESVILLE FL 32606	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
DC CARR, ED D 4300 N.W. 89TH BLVD GAINESVILLE FL 32606	<input type="checkbox"/> DELETE	2.1 TITLE	2.2 NAME
DVC MOUNGER, WILLIAM 4300 N.W. 89TH BLVD GAINESVILLE FL 32606	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
P PEDDIE, EDWARD C 4300 N.W. 89TH BLVD GAINESVILLE FL 32606	<input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME
DT DINKINS, W. ARNOLD 4300 N.W. 89TH BLVD GAINESVILLE FL 32606	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
D BULLARD, AUDREY 4300 N.W. 89TH BLVD GAINESVILLE FL 32606	<input type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 2/27/97 (352) 337-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0011012

CR2E037 (9/96)

WELLNESS, INC.

ADDITIONS/CHANGES to OFFICERS and DIRECTORS

(continued)

D	Daniels, Al	4300 NW 89th Blvd	Gainesville, FL 32606
D	Martsolf, Mary	4300 NW 89th Blvd	Gainesville, FL 32606
D	Nell, Cathy	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