

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 763147 (6)
1. Corporation Name
HEALTH WORLD, INC.



Principal Place of Business Mailing Address
% FREDERICK W HERING
200 GREEN LAKE CIR
LONGWOOD FL 32779 % FREDERICK W HERING
200 GREEN LAKE CIR
LONGWOOD FL 32779

3. Date Incorporated or Qualified 05/05/1982 3a. Date of Last Report 05/01/1995
4. FEI Number 59-2870254 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

HERING, FREDERICK W
200 GREEN LAKE CIRCLE
LONGWOOD FL 32779

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIOLA, LORETTA	1.2 NAME	
STREET ADDRESS	2316 LA ROSA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERING, FREDERICK W.	2.2 NAME	
STREET ADDRESS	200 GREEN LAKE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERING, FREDERICK W	3.2 NAME	
STREET ADDRESS	200 GREEN LAKE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOWNSEND, DR JOCELYN	4.2 NAME	TD
STREET ADDRESS	6025 SHORE BLVD. S	4.3 STREET ADDRESS	HULL, ELEANOR C.
CITY-ST-ZIP	GULFPORT FL	4.4 CITY-ST-ZIP	911 HILLTOP DRIVE, CHULA VISTA, CA
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, DR HOMER P	5.2 NAME	
STREET ADDRESS	190 LAKE CHATEAU DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HEMITAGE TN	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISOLARA, ASHTON	6.2 NAME	
STREET ADDRESS	4013 CLEARY AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	6.4 CITY-ST-ZIP	

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:

Fredrick W. Hering

FREDERICK W. HERING, 4/20/96, (407)862-5178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

Date

Daytime Phone #

CR2E037 (12/95)