


FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32779-3534



2. Principal Place of Business 21 1245 LAS BRISAS DRIVE	2a. Mailing Address 26 1245 LAS BRISAS DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DAYTONA BEACH, FL 32119	City & State 28 DAYTONA BEACH, FL 32119
Zip 24	Country 25 USA
Country 29	Zip 30 USA

3. Date Incorporated or Qualified 05/05/1982	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2870254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of ~~Current~~ Registered Agent

HERING, FREDERICK W
200 GREEN LAKE CIRCLE
LONGWOOD FL 32779

81 Name HERING, FREDERICK W.
82 Street Address (P.O. Box Number is Not Acceptable) 1245 LAS BRISAS DRIVE
83
84 City DAYTONA BEACH, FL
85 Zip Code 32119

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	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	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERING, FREDERICK W.	2.2 NAME	
STREET ADDRESS	200 GREEN LAKE CIRCLE	2.3 STREET ADDRESS	1245 LAS BRISAS DRIVE
CITY - ST - ZIP	LONGWOOD FL	2.4 CITY - ST - ZIP	DAYTONA BEACH, FL 32119
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERING, FREDERICK W	3.2 NAME	
STREET ADDRESS	200 GREEN LAKE CIRCLE	3.3 STREET ADDRESS	1245 LAS BRISAS DRIVE
CITY - ST - ZIP	LONGWOOD FL	3.4 CITY - ST - ZIP	DAYTONA BEACH, FL 32119
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, ELEANOR C.	4.2 NAME	
STREET ADDRESS	911 HILLTOP DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHULA VISTA CA	4.4 CITY - ST - ZIP	
TITLE	D	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	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 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: *Spencer W. Herring* **DR. FREDERICK W. HERING** **3-18-97** **862-5178**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone # 0012015

CR2E037 (9/96)