
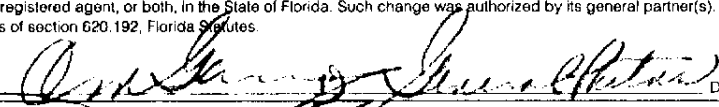


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 JAN -9 PM 3:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership		1a. DOCUMENT # A97000001987			
World Wellness Center Limited Partnership #1					
Mailing Address 36555 U.S. Hwy 19 No. Palm Harbor, FL 34684		Principal Office Address 98-AR CM		3. Date Formed or Registered 8-26-97	
2. Mailing Address 36555 U.S. Hwy 19 No. Suite, Apt. #, etc.		2a. Principal Office Address		3a. Date of Last Report na	
City & State Palm Harbor, FL		City & State		4. State or Country of Formation Florida	
Zip 34684		Country USA		5a. Capital Contributions as Shown on record. \$45,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date. \$45,000.00	
				6. FEI Number 59-3474838 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent General Partner, World Wellness General Partner #1, Inc. 36555 U.S. Hwy 19 No. Palm Harbor, FL 34684		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL	
		Zip Code	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

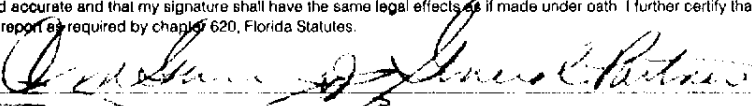
SIGNATURE (Registered Agent Accepting Appointment)  DATE 8 Jan 1998

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
World Wellness General Partner #1, Inc.	36555 U.S. Hwy 19 No. Palm Harbor, FL 34684	Palm Harbor, FL 34684	P95000040679
		800002411018--3 -01/26/98--01004--012 ****418.75 ****418.75	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  DATE 8 Jan 1998

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/97)