


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 98 JAN -9 PM 3:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>1. Name of Limited Partnership</b> World Wellness Center Limited Partnership #4		<b>1a. DOCUMENT #</b> A47000001990		<b>3. Date Formed or Registered</b> 8-26-97	
<b>Mailing Address</b> 36555 U.S. Hwy 19 No. Palm Harbor, FL 34684		<b>Principal Office Address</b> 98-AR CM		<b>5a. Capital Contributions as Shown on record</b> \$30,000.00	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>3a. Date of Last Report</b> na	
				<b>4. State or Country of Formation</b> Florida	
				<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$30,000.00	
				<b>6. FEI Number</b> 59-3474846	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
				<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b> General Partner, World Wellness General Partner #1, Inc. 36555 U.S. Hwy 19 No. Palm Harbor, FL 34684		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		100002409321--2 -01/22/98--01111--001 ***313.75 ***313.75 FL	

**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

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

<b>11. Name(s) of General Partner(s)</b> World Wellness General Partner #1, Inc.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 36555 US Hwy 19 No	<b>11b. City, State &amp; Zip Code</b> Palm Harbor, FL 34684	<b>11c. Registration/Document Number</b> P95000040679
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** 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 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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)