

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 20 1997 8:00am
Secretary of State

DOCUMENT # F95000000832 (4)

1. Corporation Name

THE WELL BEING PROGRAMS, INCORPORATED



Principal Place of Business Mailing Address
110 SW 8TH AVENUE 110 SW 8TH AVENUE
FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/20/1995		03/19/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		95-4286877		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8. This corporation owes or has paid the current year Intangible	
25 Country		30 Country		8.75 Additional Fee Required		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUEBIRD, GAYLE
110 SW 8TH AVENUE
FORT LAUDERDALE FL 33312

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 GAYLE Bluebird DATE Aug 3, 1997

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	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JEAN	1.2 NAME	
STREET ADDRESS	5607 NEOSHO	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63109	1.4 CITY-ST-ZIP	
TITLE	PDC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINTRAUB, JUDY	2.2 NAME	
STREET ADDRESS	2811 3RD ST., #5	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90405	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRAIBER, RON	3.2 NAME	
STREET ADDRESS	13429 CAMILLA ST., #A	3.3 STREET ADDRESS	
CITY-ST-ZIP	WHITTIER CA 90601	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUEBIRD, GAYLE	4.2 NAME	
STREET ADDRESS	110 SW 8TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, SALLY	5.2 NAME	
STREET ADDRESS	340 ELM ST.	5.3 STREET ADDRESS	909 Lake Jeanne Rd
CITY-ST-ZIP	NEW YORK CITY NY 10009	5.4 CITY-ST-ZIP	Lake Placid FL 33852
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHELL, BONNIE	6.2 NAME	
STREET ADDRESS	224 HIGHLAND CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA CRUZ CA 95960	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 GAYLE Bluebird (954)