

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002548

1. Corporation Name

HEALTH PLUS INTERNATIONAL OF NEVADA INCORPORATED

Principal Place of Business

1801 S. FEDERAL HWY. SUITE 223  
DELRAY BEACH FL 33483

Mailing Address

1801 S. FEDERAL HWY. SUITE 223  
DELRAY BEACH FL 33483

REINSTATEMENT 1999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

88-0381235

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 owes the current year  
Intangible Personal Property.



Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVETT, DONALD A  
TUSCANY C 183  
DELRAY BEACH FL 33446

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAN DE CASTEELE, RUSSELL	
STREET ADDRESS	1801 S. FEDERAL HWY, SUITE 223	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, BRETT L	
STREET ADDRESS	4502 NW 3RD DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	S & DIRECTOR	<input type="checkbox"/> DELETE
NAME	DAVETT, DONALD	
STREET ADDRESS	TUSCANY C 183	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	MILLER, JOHN P.	
STREET ADDRESS	2499 GLADES RD SUITE 305A	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	800003105518
1.3 STREET ADDRESS	-01/20/00--01011--020
1.4 CITY-ST-ZIP	****
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	# 758.75
2.3 STREET ADDRESS	758.75
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Donald A. Davett*

12/17/99 800-914-1263 VOICE

2E034 (5/99)

0062618