FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

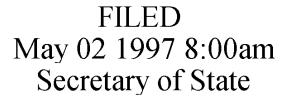
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # H09321

(1)

oration Name	11000	•
RE ESSENTIALS,	INC.	



Principal Place of Business Mailing Address 12794 W. FOREST HILL BLVD. SUITE 3 WELLINGTON FL 33414 WELLINGTON FL 33414 WELLINGTON FL 33414 WELLINGTON FL 33414 WELLINGTON FL 33414					·			-		
						3, Date Incorporated or Qualified		e of Last R	eport	
L	M. F.F.					06/25/1984	1 (0)/(1/1996		ļ
	lace of Business	2a. Mailing Address				4. FEI Number			plied For	-
21		26				59-2495485			t Applicable	Į
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
22		27						Fee Re		4
City & Stat	e	City & State				6. Election Campaign Financing	_	\$5.00	May Be	1
23		28				Trust Fund Contribution		Added		1
Z _i p	Country	Zip	L Cou	ntry		8. This corporation has liability for	ntangible t	ax under s	199.032,	
24	25	29	30					No No		1
	g. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered A	gent		1
WIL	SON, NORA		}	81	Name					
262	WOOD DALE DR.		ŀ	82	Street Art	dress (P.O. Box Number is Not Acceptate	le)			┨
WE	LLINGTON FL 33414		i	-	CHOCKETO	order (1.0. Don Herrison to Not Mosephar	,			1
			Ì	83			· · · · · · · · · · · · · · · · · · ·			1
			1	_\						1
				84	City		FL	85 Zip	Code	ı
agent fa SIGNATURE	am familiar with, and accept the obli					orporation submits this statement for the partion's board of directors. I hereby acceptions to the particular of directors and the particular of directors are particular of the particular of t	DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12]@
TITLE	P	☐ DELETE	1.1 187	LE				Change	Addition	R2E034 (9/96)
NAME	WILSON, NORA		1,2 NA	ME						4
STREET ADDRESS	262 WOOD DALE DR		1.3 ST	REET	ADDRESS					18
CITY-S1-ZIP	WELLINGTON FL		1.4 CII							ı
TITLE	VPT	DELETE	2.1 10					Change	Addition	ᄬ
NAME	VAN ANTWERP, CARY		2.2 NA				,			ľ
1	325 PALMETTO STREET				ADDDCCC					1
STREET ADDRESS	WEST PALM BEACH FL				ADDRESS					f
City-ST-ZIP	TIEST FALM DEAUTIFL	DELETE	2.4 CI		i1-ZIP			Change	Addition	4
TITLE	l	ריין הגולגונ	3.1 10		1		١	L.J Vilange	ריין אמטוווטען	1
NAME			3.2 NA							1
STREET ADDRESS	Į.		3.3 \$1	REET	ADDRESS					
CHTY-ST-ZHP			3.4. CI		ST-ZIP				····	4
TITLE	Ţ	[_] DELETE	4.1 10	TE	Į			Change	Addition	1
NAME			4 2 N	AME						1
STREET ADDRESS	(4.3 ST	REET	ADDRESS					1
CHY-ST-ZIP		•	4.4 CI	TY-S	T-ZIP					
TITLE		DELETE	5.1 TII					Change	Addition	1
NAME			5.2 NA	ME		•				
STREET ADDRESS					ADDRESS					1
CITY - ST - ZIP	1		5.4 CI							
TITLE		DELETE	6 1 TI		1 411			Change	Addition	1
		La vereit	6.2 N						hand	
NAME Proces uponco			•		4000000					1
STREET ADDRESS	1				ADDRESS					
CITY-ST-ZIP				The D'	T-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 13 or Block 14 or Block 15 or Bloc

SIGNATURE: