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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name H12823

FILED May 19 1998 8:00am Secretary of State

REACH	307 FOR HEALTH, INC.	Photor	monia,	Inc.		1111
Principal Place of Business Mailing Address						December 1
3133 49TH ST	r N	3133 49TH ST N				
ST. PETERSBURG FL 33710-2727 ST. PETERSBURG FL 3371			33710-2727			
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 07/18/1984	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 466	ON SUR ALOP OF	26 4660 4	OHA AUC	No	59-2457286	Not Applicable
Suite, Apt.	#, elc.	Suito, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	- 		8, Continuate of claus pession	Fee Required
City & State	Petersburg Fl	City & State	rs burg,	61	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip 710	Country		8. This corporation owes or has paid the o	Added to Fees
24 33	114 25 Pinellas	29 23714	30 Pin	ellas	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current			<u> </u>	10. Name and Address of New Registere	
CU	LLEM, JOHN P., ESQ.		81	Name		
405 CENTRAL AVE., 7TH FL., ST. PETERSBURG FL 33701				Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83			
	•,		84	City		85 Zip Code
de Burniont	to the provisions of Spalings 607 0103	and CO7 SEOR Clarida Cta	tutos the energy	named name	ration submits this statement for the purpose	
office or re	egistered agent, or both, in the State of	f Florida. Such ch ange w a	is authorized by	the corporation	oration submits this statement for the purpose on a board of directors. I hereby accept the appropriate the statement for the purpose on a board of directors. I hereby accept the appropriate the statement for the purpose on a statement for the purpose of the pu	or changing its registered ppointment as registered
•	m familiar with, and accept the obligat	ons of, Section 607,0505,	Florida Statutes			
SIGNATURE	Signature, byted or pointed name of registered agent	A) skenloge i elit bon	IOTE: Registered Age	ni skonature required	d when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	PSTD	DELETE	11 TITLE			Change Addition
NAME	MILLER, DIANE		1.2 NAME			
STREET ADDRESS	3133 49TH ST N		1.3 STREET	address		
CITY-ST-ZIP	\$T. PETERSBURG FL 33710-27		14 CITY-S	r-ZIP		
TITLE	☐ DELETE		2 1 TITLE	j		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET			
CITY-ST-ZIP			2.4 CITY - S	1-2IP		Character Takes
TITLE	DELETE		3.1 TITLE			Change Addition
NAME OTOGET ADDRESS			3.2 NAME	*000000		
STREET ADDRESS			3.3 STREET	1		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - S 4.1 TITLE	1 - Z(P		Change Addition
NAME		C DECIL	4.7 TITLE 4. 2 NAME		10000253100	
STREET ADDRESS			4.2 NAME 4.3 STREET	ADDRESS	10000253100 -05/21/980100603	36
City-ST-ZIP			4.4 CITY-ST		***150.00	
TITLE			5.1 TITLE			Change Addition
NAME			5.2 NAME			25
STREET ADDRESS			5.3 STREET	ADDRESS		55-10
CITY-ST-ZIP			5.4 CITY - S1			2117
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST			
14. I hereby c	ertify that the information supplied with	this filing does not qualify	for the exempt	ion stated in S	ection 119.07(3)(i), Florida Statutes. I further of shall have the same legal effect as if made	certify that the information

indicated of miss a fine a report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the processor or frustee 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 antachment with an address