

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

1-30-90 B-0492 C  
(3)

DOCUMENT # J23357  
1. Corporation Name  
HOLISTIC HEALTH CONCEPTS, INC.



Principal Place of Business: C/O WILLIAM M HOBBY III, 157 E NEW ENGLAND AVE STE 375, WINTER PARK FL 32789 US  
Mailing Address: C/O WILLIAM M. HOBBY, III, 157 E NEW ENGLAND AVE., STE. 375, WINTER PARK FL 32789 US

3. Date Incorporated or Qualified: 07/08/1986  
3a. Date of Last Report: 03/13/1995  
4. FEI Number: 59-2748652  
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 has liability for intangible tax under s 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

HOBBY, WILLIAM M., III  
1327 N. MILLS AVE  
ORLANDO FL 32803-2555

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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, type or print name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS  
12.1 TITLE: DS, NAME: KENNEDY, SHERYL V., STREET ADDRESS: 285 CAROLYN DRIVE, CITY-ST-ZIP: OVIEDO FL  
12.2 TITLE: DP, NAME: KENNEDY, JOHN E., STREET ADDRESS: 285 CAROLYN DR, CITY-ST-ZIP: OVIEDO FL  
12.3 TITLE: [ ] DELETE  
12.4 TITLE: [ ] DELETE  
12.5 TITLE: [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [X] Change [ ] Addition, NAME: [ ], STREET ADDRESS: 678 TUSCORA DR, CITY-ST-ZIP: WINTER SPRINGS, FL 32708  
1.2 NAME: [ ], 1.3 STREET ADDRESS: [ ], 1.4 CITY-ST-ZIP: [ ]  
2.1 TITLE: [X] Change [ ] Addition, NAME: [ ], 2.2 NAME: [ ], 2.3 STREET ADDRESS: 678 TUSCORA DR, 2.4 CITY-ST-ZIP: WINTER SPRINGS, FL 32708  
3.1 TITLE: [ ] Change [ ] Addition, NAME: [ ], 3.2 NAME: [ ], 3.3 STREET ADDRESS: [ ], 3.4 CITY-ST-ZIP: [ ]  
4.1 TITLE: [ ] Change [ ] Addition, NAME: [ ], 4.2 NAME: [ ], 4.3 STREET ADDRESS: [ ], 4.4 CITY-ST-ZIP: [ ]  
5.1 TITLE: [ ] Change [ ] Addition, NAME: [ ], 5.2 NAME: [ ], 5.3 STREET ADDRESS: [ ], 5.4 CITY-ST-ZIP: [ ]  
6.1 TITLE: [ ] Change [ ] Addition, NAME: [ ], 6.2 NAME: [ ], 6.3 STREET ADDRESS: [ ], 6.4 CITY-ST-ZIP: [ ]

14. 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 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: JOHN E. KENNEDY, 27 JAN 96, 407-365-2654  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)