PILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1-30 POPLON B CORPORATIONS -d

DOCUMENT #

J23357

HOUSTIC	HEALTH	CONCEPTS.	INC.
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Principal Place o	f Business	Mailing Address		I HOURING BING HOUR ERBO HID	FRITIT TRATERINE BEREIT BEREIT BEREIT BEREIT BEREIT IN BER
C/O WILLIAM M HOBBY III 157 E NEW ENGLAND AVE STE 375 WINTER PARK FL 32789			C/O WILLIAM M. HOBBY. III 157 E NEW ENGLAND AVE., STE. 375		
US		US		3. Date Incorporated or Qualified 07/08/1986	3a. Date of Last Report 03/13/1995
2. Poncipal Plac	e of Business	2a. Mailing Address		4. FEI Number 59-2748652	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7g	Country	Zip	Country	8. This corporation has liability fo	or intangible tax under s. 199,032,
24	25 9. Name and Address of Curre	29 ent Registered Arent	30	<u></u>	s No
	2, Hamo and Address of Carl	ant neglistered Agent	B1 Name	10. Name and Address of New	Hegistered Agent
HORRY	, WILLIAM M., HI				
	MILLS AVE		82 Street	Address (P.O. Box Number is Not Accepta	able)
ORLAN	OO FL 32803-2555		83		
			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607 050	02 and 607 1508. Florida Statutes	the above-paged o	orporation submits this statement for the p	mone of sheeping its and the set of the
or registered	ragent, or boin, in the State of Fig	hida. Such change was authorized	d by the corporation's	s board of directors. I hereby accept the ap	pointment as registered agent. I am
retringe with	and accept the obligations of, Se	ation 607,0505, Florida Statutes.			
SIGNATURE	platete, typed or profest manic of sepid hed age	ent and to a Laborat state. (ARCOLL	: Bugisterod Agent signature	and the during a special to a	DAYS.
12.	e e e e como e a como en como e como	ND DIRECTORS	13.		DATE FICERS AND DIRECTORS IN 12
Time T	DS	DELETE	1.1 TITLE	TIBELLI CITATION AND THE CONTROL OF	Change Addition
NAME	KENNEDY, SHERYL V.		1.2 NAME		A 37.2.1.3.
STEEL LADDRESS	285 CAROLYN DRIVE		1.3 STREET ADDRESS	LIK TUSCORA DR	_
CITY+ST ZIP	OVIEDO FL		1.4 CITY - ST - ZIP	WHATER SOCIACE	FL 32708
THE	DP	☐ DELETE	2 1 TITLE	678 TUSCORA DR WINTER SPRINGS,	Change Addition
NAME	KENNEDY, JOHN E	-	2.2 NAME		
SURELL ADDRESS	285 CAROLYN DR		2.3 STREET ADDRESS	WINTER Springs,	•
C(1Y - S) - 2(P)	OVIEDO FL		2 4 CHY+ST-ZIP	WINTER Springs	C(32708
TiFLE		☐ DELETE	3 1 TILE	position ,	☐ Change ☐ Addition
NAME			3.2 NAME		_
STREET ADDRESS			33 STREET ADDRESS		
City St. Zir			3 4 CITY - ST - ZIP		
7 11 E		DELETE	. 4. 1 TOLE		☐ Change ☐ Addition
NAM+			4.2 NAME		
SIRE: LADDRESS			4.3 STREET ADDRESS		•
City St Zin			4.4 CITY - ST - ZIP		
Tifle F		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAMe:			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
OHY-S1-ZIP		FT being	5.4 CITY - ST - ZIP		
THE		☐ DEFELE	6 1 TITLE		Change Addition
NAME Clust Labores 6			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
Offr-SI-ZIF	certify that the information surveilor	with this filing is yet intade funda	6 4 CITY - ST - ZIP	Lalify for the exemption stated in Section 11	0.07(2)(1) Fig. 24 - 06 - 4 - 4 - 4
oath, that La	ie information Indicated on this an	nual report or supplemental annua poration or the receiver or trustee	a! report is true and ac empowered to execu	early for the exemption stated in Section 11: courate and that my signature shall have the te this report as required by Chapter 607, I	o nama lagal offert na if made under

SIGNATURE: JOHN E. KENNEDY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR 2750N96 407-365-2654

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