

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

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J23357 (3)**  
 1. Corporation Name  
**HOLISTIC HEALTH CONCEPTS, INC.**



Principal Place of Business <b>C/O WILLIAM M HOBBY III                  157 E NEW ENGLAND AVE STE 375                  WINTER PARK FL 32789                  US</b>	Mailing Address <b>C/O WILLIAM M. HOBBY, III                  157 E NEW ENGLAND AVE., STE. 375                  WINTER PARK FL 32789                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 100 E. BROADWAY ST.</b> Suite, Apt. #, etc <b>22 Oviedo, Florida</b> City & State <b>23 OVIEDO, FLORIDA</b> City & State <b>24 32765</b> Zip <b>25 Seminole</b> Country <b>26 P.O. Box 620605</b> Suite, Apt. #, etc <b>27 Oviedo, Florida</b> City & State <b>28 OVIEDO, FLORIDA</b> City & State <b>29 32762-0605</b> Zip <b>30 Seminole</b> Country	3. Date Incorporated or Qualified <b>07/08/1986</b>	4. FEI Number <b>59-2748652</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HOBBY, WILLIAM M., III                  1327 N. MILLS AVE                  ORLANDO FL 32803-2555</b>	10. Name and Address of New Registered Agent <b>81 Name John E. KENNEDY</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 1034 Pebble Beach Circle, West</b> <b>83</b> <b>84 City Winter Springs FL 85 Zip Code 32708</b>
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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 **John E. Kennedy** *[Signature]* DATE **8-23-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNEDY, SHERYL V.</b>	1.2 NAME	
STREET ADDRESS	<b>1034 PEBBLE BEACH CIRCLE, WEST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	1.4 CITY-ST-ZIP	<b>32708</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNEDY, JOHN E</b>	2.2 NAME	
STREET ADDRESS	<b>1034 PEBBLE BEACH CIRCLE, WEST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	2.4 CITY-ST-ZIP	<b>32708</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **John E. Kennedy 8-23-98 407-366-8615**

CR2E034 (10/97)