

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

DOCUMENT # J47942 (4)

1. Corporation Name

HEALTH PROMOTIONS, INC.

Principal Place of Business

6054 ARLINGTON EXPRESSWAY, SUITE 7  
JACKSONVILLE FL 32211

Mailing Address

6054 ARLINGTON EXPRESSWAY, SUITE 7  
JACKSONVILLE FL 32211



3. Date Incorporated or Qualified  
12/18/1986

3a. Date of Last Report  
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 2771-25 Monument Rd

22 City & State

27 Suite, Apt. #, etc.

23 Zip

28 City & State

24 Country

25 Country

29 Zip

30 Country

24 32225 25 USA

4. FEI Number  
59-2755402

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSEN, SCOTT  
6054 EXPRESS WAY  
SUITE 7  
JACKSONVILLE FL 32211

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME PETERSEN, SCOTT  
STREET ADDRESS 6054 ARLINGTON EXPRESS #7  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE VST  
NAME ELLIS, CLELIA  
STREET ADDRESS 6054 ARLINGTON EXPRESS #7  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D  
NAME ELLIS, CLELIA  
STREET ADDRESS 6054 ARLINGTON EXPRESS #7  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

Signature and typed or printed name of signing officer or director

Scott Petersen

4/25/96

904-721-5893

Date

Daytime Phone

CR2E034 (12/95)