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

**PROFIT** CORPORATION' ANNUAL REPORT

1998



William R. Crowell

8401 E Judian School Scottsdale, AZ 8525

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Sep 09 1998 8:00am Secretary of State

☐ Change

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-09/09/98---01059--0**2**4

\*\*\*550,00

Addition

DOCUMENT # J75727 1. Corporation Namo Multi-Health Corp.				
Principal Place of Businoss 168 Main St. S. Amboy, NJ 08879 US	Mailing Address  8401 B. India Scottsdate, AZ US	n School Rol 85251	DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-2814574	Applied For
21] Suite, Apt. #, etc.	26   Suite, Apt. #, etc.		57-28143 /7	Not Applicable
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution	Added to Fees
Zip Country <b>25</b>	Zip	n Í	<ol> <li>This corporation owes or has paid the out Personal Property Tax due June 30.</li> </ol>	ırrent year Intangible ☐ Yes   No
9. Name and Address of Curre			10. Name and Address of New Registered	
81		81 Name		
CT Corporation System 1200 South Pine Island Rd		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
1200 South Pine Island Rd		83	<del></del>	
Plantation, FL 83	324	63		
(1210) 2110-1		84 City	Fi	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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE				
Signature, typed or printed name of registered ag	ons and title if applicable. (NOTE: Re ID DIRECTORS	ogistored Agent signature required	ADDITIONS/CHANGES TO OFFICERS AN	DIDECTORS IN 12
12. OFFICERS AN	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME Warren S. Rust	und n	1.2 NAME		-
STREET ADDRESS SUOT E. Indian	School Roll	1.3 STREET ADDRESS		
CITY-ST-ZIP Scottsdale AZ	82521	1.4 CITY-S1-ZIP		
TILLE AS	☐ DELETE	2.1 TITLE		Change Addition
NAME Steven M. Faggi	حام اعا	2.2 NAME		
STREET ADDRESS RYOJ & Thulian	82521	2.3 STREET ADORESS 2.4 CITY-ST-ZIP		
TITLE UP D	DELETE	31 TITLE		Change Addition
NAME Mark @ . Liebr	rev .	32 NAME		
STREET ADDRESS 840 E . Indian	n School Pal	3 3 STREET ADDRESS		
CITY-SI-ZIP Scattschale A-2	-8252	3.4. CITY-ST-ZIP		
SI S	☐ DELETE	4.1 TITLE		Change Addition
NAME STEVEN IVI. LEE	School Ral	4. 2 NAME		
	82221 School East	4.3 STREET ADDRESS		
TITLE	8 3 €3   □ DELETE	4.4 City-St-ZiP 5.1 Trille		Change Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY-ST-ZIP