

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 18 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K45847** (6)

1. Corporation Name

HEALTH EDUCATION RESOURCES, INC.

Principal Place of Business

**2536 VAN BUREN STREET
A
HOLLYWOOD FL 33020
US**

Mailing Address

**2536 VAN BUREN STREET
#1A
HOLLYWOOD FL 33020-956
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/17/1988

3a. Date of Last Report

04/18/1994

4. FBI Number

65-0083267

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

2. Principal Place of Business

21 2730 TAYLOR ST

2a. Mailing Address

26 2730 TAYLOR ST.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 # 7

27 # 7

City & State

City & State

23 Hollywood FL

28 Hollywood FL

24 33020 25 USA

29 33020 30 USA

9. Name and Address of Current Registered Agent

**RUGG, JULIANA
2536 VAN BUREN STREET #1A
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name

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

2730 TAYLOR ST., # 7

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 the corporation)

(Date Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PST
NAME RUGG, JULIANA
STREET ADDRESS 2536 VAN BUREN STREET #1A-
CITY ST ZIP HOLLYWOOD FL**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 2730 TAYLOR ST., # 7
14 CITY ST ZIP 33020**

**21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP**

**31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP**

**41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP**

**51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP**

**61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(b), 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:

Juliana Rugg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Juliana Rugg, PRESIDENT

4/12/95 (305) 921-5865
DATE (Typed Name)