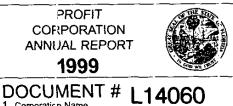
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

RX: LOVE CORP.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90055 048 ***150.00

	ANDIN OLEH BIBIN PER

Principal Place	e of Business	Mailing Address					1841 S1811 IIII	re		
104 WATER ST. (FT. WALTON BEACH)		104 WATER ST. (FT. WA	LTON BEAC	(H)						
P.O. BOX 904		P.O. BOX 904	P.O. BOX 904		DO NOT WRITE	IN THIS	SPACE			
MARY ESTHER	FL 32569-0904	MARY ESTHER FL 32569	3 -U%-U4			3. Date Incorporated or Qualifed				
						09/05/1989				
2. Principal D	ace of Business	2a. Mailing Address				4. FEI Number			Appli	ed For
	acc of Business	26				59-2969772		<u> </u>	Not /	pplicable
Suite, Ap.	#. etc.	Suite, Apt. #, etc.						\$8.7	5 Ad	fitional
22		27				5. Certifca e of Status Desired	□ 	_ Fee	Requ	ired
City & State		City & State				6. Election Campaign Financing	 []	\$5.0	00 м	ay Be
23		28				Trust Fund Contribution		Add	ed to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curren	t year Inta		_	_
24	25	29	30			Personal Property Tax.		Yes		No
	9. Name and Address of Curren	t Registered Agent		-		10. Name and Address of New Reg	jistere i A	rgent		
				81	Name					
	NOLDS, JOSEPH SLYMAN	• •		82	Street Ad in	ress (P.O. Box Number is Not Acceptabl	e)			
	WATER ST. (FT. WALTON BEAC	H)								
	BOX 904			83						
MAR	Y ESTHER FL 32569-0904			84	City			85 2	Zip Co	de
				1	-	poration submits this statement for the pu	FL			_
SIGNATURE	Signature, typed or printed na ne of registered ager			Agent	signature require	od when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE OFRS AN	D DIREC	TOR:	S IN 12
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		Chan		Addition
TITLE	DCPV	☐ DELETE	1.1 TT					C) Chan	igc	
NAME	REYNOLDS, JOSEPH S.		12 N/							
STREET ADDRESS	. +		L		ADDRESS					
CITY-ST-ZIP	FT. WALTON BEACH FL	DELETE		TY-ST-	·ZIP -			Chan		Addition
TITLE		רין הבירייב	2.1 17							
NAME			2.2 N		ADDRESS (
STREET ADDRI .SS					1					
C/TY-ST-ZIP		DELETE	3177	ITY-ST	-2119			[] Chan	nge	Addition
TITLE		000010	32 N					_		
NAME					ADDRESS					
STREET ADOR ISS				ITY-ST						
CITY-ST-ZIP TITLE		DELETE	4.1 13					Char	nge	☐ Addition
NAME		- <u>-</u>	4. 2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				TY-ST	1					
TITLE		☐ DELETE	51 TI					Char	nge	☐ Addition
NAME			5.2 N	AME	ĺ					
STREET ADDF ESS			5.3 S	TREET	ADDRESS					
CITY-ST-ZIP			. 5.4 CI	TY-ST-	- ZIP					
TITLE ·		☐ DELETE	61 TI	TLE				Char	nge	Addition
NAME			6.2 N	AME						
STREET ADDITESS			6.3 S	TREET	ADDRESS					
	(640	TV.ST.	-7IP					

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 corpo ation or the receiver or trustee empowered to execute this report as required by Charter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attainment with an address, with all other like empowered.

SIGNATURE:

JOSEPH SLYMAN REYNOLDS

4-20-1999 (851) 315-0312