
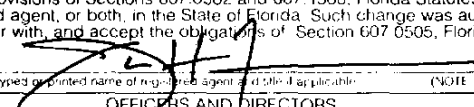



FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # L86640 (4) 1. Corporation Name SACRED FOUNTAIN OF YOUTH, INC.											
Principal Place of Business 800 EAST MERRITT ISLAND CAUSEWAY STE 200 MERRITT ISLAND FL 32952		Mailing Address 800 EAST MERRITT ISLAND CAUSEWAY STE 200 MERRITT ISLAND FL 32952									
2. Principal Place of Business 21 502 E. New Haven Ave Suite, Apt. #, etc. 22 Melbourne, FL City & State 23 32901 Zip 24 USA Country		2a. Mailing Address 26 502 E. New Haven Ave Suite, Apt. #, etc. 27 Melbourne, FL City & State 28 32901 Zip 29 USA Country		3. Date Incorporated or Qualified 07/09/1990 4. FEI Number 59-3035823 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent SWERBILOW, HOWARD 800 EAST MERRITT ISLAND CAUSEWAY STE 200 MERRITT ISLAND FL 32952		10. Name and Address of New Registered Agent 81 Name JAMES H. FALLACE 82 Street Address (P.O. Box Number is Not Acceptable) 1900 SO. HICKORY STREET 83 84 City Melbourne FL 85 Zip Code 32901									
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  DATE 4/28/98 (NOTE: Registered Agent signature required when reinstating)											
12. OFFICERS AND DIRECTORS 11. TITLE D <input checked="" type="checkbox"/> DELETE 12. NAME SWERBILOW, HOWARD 13. STREET ADDRESS 800 E. MERRITT ISLAND CS 14. CITY - ST - ZIP MERRITT ISLAND FL 15. TITLE <input type="checkbox"/> DELETE 16. NAME 17. STREET ADDRESS 18. CITY - ST - ZIP 19. TITLE <input type="checkbox"/> DELETE 20. NAME 21. STREET ADDRESS 22. CITY - ST - ZIP 23. TITLE <input type="checkbox"/> DELETE 24. NAME 25. STREET ADDRESS 26. CITY - ST - ZIP 27. TITLE <input type="checkbox"/> DELETE 28. NAME 29. STREET ADDRESS 30. CITY - ST - ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12. NAME WALDEN, John 13. STREET ADDRESS 502 E. New Haven Avenue 14. CITY - ST - ZIP Melbourne, FL 32901 15. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 16. NAME 17. STREET ADDRESS 18. CITY - ST - ZIP 19. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 20. NAME 21. STREET ADDRESS 22. CITY - ST - ZIP 23. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 24. NAME 25. STREET ADDRESS 26. CITY - ST - ZIP 27. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 28. NAME 29. STREET ADDRESS 30. 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  DATE 4/28/98 (407) 951-0357 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN WALDEN, DIRECTOR Daytime Phone # 0109735											

CR2E034 (10/97)