

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L97610 (4)

1. Corporation Name:

WOMAN TO WOMAN, INCORPORATED



Principal Place of Business

Mailing Address

C/O MARYALICE NELSON  
1920 PALM BEACH LAKES BLVD  
WEST PALM BEACH FL 33409  
US

C/O HAROLD MAIMOWITZ  
STE 330-355 S. FEDERAL HWY  
BOCA RATON FL 33432  
US

2. Principal Place of Business

2a. Mailing Address

21

26

1920 Palm Bch Lakes Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Suite 209

City & State

City & State

23

28

West Palm Bch, FL

Zip

Country

Zip

Country

24

25

29

33409

30

US

9. Name and Address of Current Registered Agent

NELSON, MARYALICE  
1920 PALM BEACH LAKES BLVD.  
STE 209  
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified

08/30/1990

3a. Date of Last Report

08/15/1995

4. FEI Number

65-0213416

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

10. Name and Address of New Registered Agent

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

Maryalice Nelson

Signature of type of principal officer or registered agent and title, if applicable.

(NOTE: Registered Agent signature required when changing.)

7/22/96

DATE

12. OFFICERS AND DIRECTORS

|                 |                                     |        |
|-----------------|-------------------------------------|--------|
| TITLE           | D                                   | DELETE |
| NAME            | NELSON, MARYALICE                   |        |
| STREET ADDRESS  | 1920 PALM BEACH LAKES BLVD, STE 209 |        |
| CITY - ST - ZIP | WEST PALM BEACH FL                  |        |
| TITLE           |                                     | DELETE |
| NAME            |                                     |        |
| STREET ADDRESS  |                                     |        |
| CITY - ST - ZIP |                                     |        |
| TITLE           |                                     | DELETE |
| NAME            |                                     |        |
| STREET ADDRESS  |                                     |        |
| CITY - ST - ZIP |                                     |        |
| TITLE           |                                     | DELETE |
| NAME            |                                     |        |
| STREET ADDRESS  |                                     |        |
| CITY - ST - ZIP |                                     |        |
| TITLE           |                                     | DELETE |
| NAME            |                                     |        |
| STREET ADDRESS  |                                     |        |
| CITY - ST - ZIP |                                     |        |
| TITLE           |                                     | DELETE |
| NAME            |                                     |        |
| STREET ADDRESS  |                                     |        |
| CITY - ST - ZIP |                                     |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |        |          |
|--------------------|--------|----------|
| 11 TITLE           | Change | Addition |
| 12 NAME            |        |          |
| 13 STREET ADDRESS  |        |          |
| 14 CITY - ST - ZIP |        |          |
| 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Maryalice Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-96

Date

Original Filing Fee

CR2E034 (3/96)