

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 05 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 # L97610 (4)
1. Corporation Name
WOMAN TO WOMAN, INCORPORATED



Principal Place of Business
C/O MARYALICE NELSON
1920 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33409
US

Mailing Address
1920 PALM BEACH LAKES BLVD.
SUITE 209
WEST PALM BEACH 33 33409
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/30/1990	
4. FEI Number 65-0213416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 74 NE 4th Ave., Suite, Apt. #, etc. 22 #4 City & State 23 Delray Beach, FL Zip 24 33483 Country 25 USA	2a. Mailing Address 26 74 NE 4th Ave. Suite, Apt. #, etc. 27 #4 City & State 28 Delray Beach, FL Zip 29 33483 Country 30 USA
---	---

9. Name and Address of Current Registered Agent
NELSON, MARYALICE
1920 PALM BEACH LAKES BLVD.
STE 209
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent	
81 Name NELSON, MARYALICE	
82 Street Address (P.O. Box Number Is Not Acceptable) 721 US HWY 1	
83 #109	
84 City NORTH PALM Bch	85 Zip Code 33408

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* (NOTE: Registered Agent signature required when reinstating) DATE 7/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D NELSON, MARYALICE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MARYALICE	1.2 NAME	
STREET ADDRESS	1920 PALM BEACH LAKES BLVD, STE 209	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D NELSON, MARYALICE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MARYALICE	2.2 NAME	
STREET ADDRESS	721 US HWY 1 #109	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM Bch, FL 33408	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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.

SIGNATURE: *Maryalice Nelson* 7/6/98

CR2E034 (5/98)