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

CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M60918** **(3)**

1. Corporate Name

**HEALTH LIFESTYLE CONSULTANTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % BRENDA M. ZALKA<br>10481 S.W. 122ND CT.<br>MIAMI FL 33186-3631 | % BRENDA M. ZALKA<br>10481 S.W. 122ND CT.<br>MIAMI FL 33186-3631 |

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: **10/16/1987**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: **6437 NW. 99TH Ave.**
22: State Agent # (if any)
23: City & State: **Parkland, FL.**
24: Zip: **33076** 25: County: **Broward**

2a. Mailing Address
26: **6437 NW. 99th Ave.**
27: State Agent # (if any)
28: City & State: **Parkland, FL.**
29: Zip: **33076** 30: County: **Broward**

4. FEI Number: **65-0006671** ☐ 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. The corporation was subject to or applied for coverage by Florida Unemployment Compensation Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ZALKA, BRENDA M.**
**10481 S.W. 122ND CT.**
**MIAMI FL 33186**

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 Section 607.1622, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is authorized by its constituent documents to make this statement. The date of each amendment authorizing this statement is listed below. I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

SIGNATURE

| 12. OFFICER AND/OR DIRECTOR | | 13. ADDITIONS, CHANGES TO OFFICER AND/OR DIRECTOR | |
|---|---|---|---|
| Title | PD | Title | ☐ Change ☐ Add/Del |
| Name | ZALKA, BRENDA M. | Name | |
| Address | 10481 S.W. 122ND CT. | Address | 6437 NW 99th Ave |
| City-St-Zip | MIAMI FL | City-St-Zip | Parkland, FL. 33076 |
| Title | STD | Title | ☐ Change ☐ Add/Del |
| Name | ZALKA, STEPHEN M. | Name | |
| Address | 10481 S.W. 122ND CT. | Address | 6437 NW 99th Ave |
| City-St-Zip | MIAMI FL | City-St-Zip | Parkland, FL. 33076 |
| Title | | Title | ☐ Change ☐ Add/Del |
| Name | | Name | |
| Address | | Address | |
| City-St-Zip | | City-St-Zip | |
| Title | | Title | ☐ Change ☐ Add/Del |
| Name | | Name | |
| Address | | Address | |
| City-St-Zip | | City-St-Zip | |
| Title | | Title | ☐ Change ☐ Add/Del |
| Name | | Name | |
| Address | | Address | |
| City-St-Zip | | City-St-Zip | |
| Title | | Title | ☐ Change ☐ Add/Del |
| Name | | Name | |
| Address | | Address | |
| City-St-Zip | | City-St-Zip | |

14. I hereby certify that the information supplied with this report is accurate and that this report complies with the applicable provisions of Florida Statutes. I further certify that I am familiar with and authorized to sign this report on behalf of the corporation and that the signature indicates my name and title with that capacity. I am a director or officer 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** _____ Stephen M. Zalka 4/30/95 (305)444-9100
SIGNATURE AND TYPED OR PRINTED NAME OF DATING OFFICER OR DIRECTOR — Vice President — DATE — TELEPHONE NUMBER

0204504 CR