

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # M99725**  
 1. Corporation Name  
**HEALTH EDUCATION, INCORPORATED**

Principal Place of Business: 6278 N. FEDERAL HWY #224 FT. LAUDERDALE FL 33308 US  
 Mailing Address: 6278 N. FEDERAL HWY. #224 FT. LAUDERDALE FL 33308

**FILED**  
 99 NOV 29 AM 9:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc.	09/16/1988	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0382203	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
FUZY, JETTA LEE 6495 BAY CLUB DRIVE, #3 FT. LAUDERDALE FL 33308				<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 the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUZY, JETTA LEE	1.2 NAME	6227-3 Bayclub Dr
STREET ADDRESS	2132 NE 82 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	200003065992--2
TITLE	V	2.1 TITLE	-12/10/99--01804--020 Addition
NAME	FUZY, PAUL J., JR.	2.2 NAME	***150.00 ***150.00
STREET ADDRESS	6227 BAY CLUB DR #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	M	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUZY, JELEEN	3.2 NAME	6227-3 Bayclub Dr
STREET ADDRESS	2132 NE 82 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	
TITLE		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		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		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: *Jetta Lee* Date: 11-10-99

000202

CR2E034 (5/99)

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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To Whom It May Concern,

At the suggestion of a very helpful gentleman named Tyron at the 850-487-6059 telephone number, I am writing to request that my small company Health education, Inc. be kept or reinstated at an active status. I moved the company unto my home last year and it seems I either never received or I misplaced the January notice. I have the second notice, however Health Education, Inc. is a very small company with no employees, only myself who writes and distributes the medical education courses in my spare time. I never have more than \$500.00 in the account at any one time and could not possibly pay the \$750.00 fee.

If you will accept the enclosed \$150.00 check to cover the 1999 fee and reinstate Health Education, I will continue to attempt to keep this small company afloat. I feel that the company serves the community well by offering quality courses to health care personnel. Unfortunately, it is not making a profit at this time.

Thank you for your consideration.

Jetta Fuzy, RN, MS  
President

