

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002104 (8)
1. Corporation Name
STAY HEALTHY AND LIVE, INC.



Principal Place of Business 9963 SOMERSET GROVE LANE JACKSONVILLE FL 32222	Mailing Address P.O. BOX 381862 JACKSONVILLE FL 32236-1862 US
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3. Date Incorporated or Qualified 05/06/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-3150849	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JACKSON, SHERRY L
9963 SOMERSET GROVE LANE
JACKSONVILLE FL 32222**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERRY JACKSON	
STREET ADDRESS	9963 SOMERSET GROVE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DENISE P. WILLIAMS	
STREET ADDRESS	12308 PEACH ORCHSRD DRIVE	
CITY-ST-ZIP	JACJSONVILLE FL 32223	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MELANIE WACTER	
STREET ADDRESS	RT 1 125 CHURCH DR	
CITY-ST-ZIP	HILLIARD FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NORMA D. HIXON	
STREET ADDRESS	11011 HART RD 408	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DIV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rhonda C. Bankovics	
2.3 STREET ADDRESS	8431 Bluestem COURT	
2.4 CITY-ST-ZIP	Jacksonville, FL 32244	
3.1 TITLE	DIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATRICIA A. BIELIK	
3.3 STREET ADDRESS	575 Rockingham Rd.	
3.4 CITY-ST-ZIP	Orange Park, FL 32073	
4.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Audrey M. Nelson	
4.3 STREET ADDRESS	2926 Corkwood Rd. W.	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **Jul 18 1997 9:47:51.919**

CR2E037 (9/96)