

FILE NOW: FILING FEE IS \$61.25

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Jun 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005785(0)  
1. Corporation Name  
*INSTITUTE OF WHOLISTIC SCIENCE, INC*

Principal Place of Business <i>17030 1st E STE 212 N. REDINGTON Bch, FL 33708</i>	Mailing Address <i>17030 1st E STE 212 N. REDINGTON Bch 33708</i>
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2. Principal Place of Business 21 <i>915 N. 52nd ST</i> Suite, Apt. #, etc. 22 <i>2036</i> City & State 23 <i>PHOENIX AZ</i> Zip 24 <i>85008</i>	2a. Mailing Address 26 <i>915 N. 52nd ST</i> Suite, Apt. #, etc. 27 <i>2036</i> City & State 28 <i>PHOENIX AZ</i> Zip 29 <i>85008</i>	Country 25 <i>MARICOPA</i> 30 <i>MARICOPA</i>
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3. Date Incorporated or Qualified <i>11-23-1994</i>
4. FEI Number <i>59-3280846</i>
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
*SAMANTHA MAGI  
17030 1st STREET EAST (212)  
N. REDINGTON BEACH, FL 33708*

10. Name and Address of New Registered Agent 81 Name <i>AMERILAWYER</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>343 ALMERIA AVE</i> 83 84 City <i>CORAL GABLES</i> FL 85 Zip Code <i>33134</i>
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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 *Samantha Magi* *Resident* *6-16-98*  
(NOTE: Registered Agent signature required when reinstalling) (DATE)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <i>PRESIDENT - MAGI SAMANTHA 17030 1st E. STE 212 N. REDINGTON Bch, FL 33708</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <i>DIRECTOR - MAGI SAMANTHA 17030 1st E. STE 212 N. REDINGTON Bch, FL 33708</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <i>DIRECTOR - HAGAN, RICHARD 1 WINDRUSH BLVD INDIAN ROCKS, FL 34635</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <i>DIRECTOR - SAPP TIM 4203 W. ATLANTIC BLVD COCONUT CREEK, FL 33066</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>915 N. 52nd ST #2036 PHOENIX AZ 85008</i>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>915 N. 52nd ST #2036 PHOENIX AZ 85008</i>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>300002570373 -06/24/98--01053--010 ***\$61.25</i>

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

SIGNATURE: *Samantha Magi* *President* *6-16-98* *(603) 914-4598*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (10/97)