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Jan 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001458 (6)

1. Corporation Name

HOLISTIC HEALTH WORKS, INC.

Principal Place of Business

6601 RUFF STREET
NORTH PORT FL 34287

Mailing Address

6601 RUFF STREET
NORTH PORT FL 34286-4005



3. Date Incorporated or Qualified
03/11/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 101 W VENICE AVE

Suite, Apt. #, etc

22 #24

City & State

23 VENICE, FL.

Zip

24 34285

Country

25 SARASOTA

2a. Mailing Address

26 101 W VENICE AVE

Suite, Apt. #, etc

27 #24

City & State

28 VENICE, FL.

Zip

29 34285

Country

30 SARASOTA

4. FEI Number

65-0650539

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

DAHLGREN, WARD E
1750 RINGLING BOULEVARD
SARASOTA FL 34236-6859

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME WEBB, HARVEY JR
STREET ADDRESS 6601 RUFF STREET
CITY-ST-ZIP NORTH PORT FL 34287

TITLE VSD
NAME VOGEL, JEAN J
STREET ADDRESS 1957 CROSS CREEK ROAD
CITY-ST-ZIP SARASOTA FL 34231

TITLE D
NAME DAHLGREN, WARD E
STREET ADDRESS 1750 RINGLING BOULEVARD
CITY-ST-ZIP SARASOTA FL 34236-6859

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ZIP 34286

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ZADIE OZELLA WEBB
6601 RUFF ST.
NORTH PORT, FL. 34286

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 if changed, or on an attachment with an address.

SIGNATURE: HARVEY WEBB JR. PRESIDENT 1-15-97 485-8575

CR2E037 (9/96)