


FILE NOW: FILING FEE IS \$61.25

FILED

May 14 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 # **N96000001458 (6)**

1. Corporation Name

HOLISTIC HEALTH WORKS, INC.



Principal Place of Business 2840 PROCTOR ROAD SARASOTA FL 34231 US	Mailing Address 2840 PROCTOR ROAD SARASOTA FL 34231 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 03/11/1996	
4. FEI Number 65-0650539	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	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAHLGREN, WARD E 1760 RINGLING BOULEVARD SARASOTA FL 34230-0850	10. Name and Address of New Registered Agent 81 Name George R. Rozelle 82 Street Address (P.O. Box Number is Not Acceptable) 5231 Box Turtle Circle 83 Sarasota 84 City Sarasota FL 85 Zip Code 34232
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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 **George R. Rozelle, President**

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

(NOTE: Registered Agent signature required when reinstating)

4/29/98

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input checked="" type="checkbox"/> DELETE
NAME	WEBB, HARVEY JR
STREET ADDRESS	6801 RUFF STREET
CITY-ST-ZIP	NORTH PORT FL 34286
TITLE	VSD <input type="checkbox"/> DELETE
NAME	VOGELE, JEAN J
STREET ADDRESS	1957 CROSS CREEK ROAD
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WEBB, ZADIE O
STREET ADDRESS	6801 RUFF ST.
CITY-ST-ZIP	NORTH PORT FL 34286
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	PTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rozelle, George R.
1.3 STREET ADDRESS	2840 Proctor Rd.
1.4 CITY-ST-ZIP	Sarasota, FL 34231
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Piecuch, Joyce D.
3.3 STREET ADDRESS	1315 Landings Dr.
3.4 CITY-ST-ZIP	Sarasota, FL 34231
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input 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 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: **Joyce D. Piecuch**

4/29/98

941-927-8464

CR2E037 (10/97)