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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000697

1. Corporation Name

H.E.A.L.T.H.K.I.D.S. CORPORATION

Principal Place of Business

149 THISTLEWOOD CT
TALLAHASSEE FL 32312

Mailing Address

149 THISTLEWOOD CT
TALLAHASSEE FL 32312

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 149 Thistlewood Court		26 149 Thistlewood Court		02/06/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite A		27 Suite A		59-3547466	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Tallahassee, FL		28 Tallahassee, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 32312		29 32312		30 Leon	

9. Name and Address of Current Registered Agent

THOMPSON, BARBARA A
149 THISTLEWOOD CT
TALLAHASSEE FL 32312

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Secretary/Director	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara A. Thompson	1.2 NAME	
STREET ADDRESS	149 Thistlewood Court	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32312	1.4 CITY-ST-ZIP	
TITLE	Vice President/Director	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie S. Thompson	2.2 NAME	
STREET ADDRESS	149 Thistlewood Court	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL	2.4 CITY-ST-ZIP	
TITLE	Treasurer/Director	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virgen Evans	3.2 NAME	
STREET ADDRESS	1628 Hedgefield Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32312	3.4 CITY-ST-ZIP	
TITLE	Director	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gibran A. Thompson	4.2 NAME	
STREET ADDRESS	149 Thistlewood Court	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32312	4.4 CITY-ST-ZIP	
TITLE	Director	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise R. Kearse	5.2 NAME	
STREET ADDRESS	1007 Tanner Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32304	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara A. Thompson Barbara A. Thompson 1/20/99 (850) 894-2990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)