

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:02

DOCUMENT # P92000008834 (3)

1. Corporation Name

POSITIVELY YOU, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11401 PINES BLVD.
334
PEMBROKE PINES FL 33026
US

Mailing Address

15895 SW 6 PLACE
201
PEMBROKE PINES FL 33027
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/03/1992

3a. Date of Last Report

04/11/1994

4. FEI Number

65-0372692

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

24

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COX, LINDA L
15895 SW 6 PLACE
#201
PEMBROKE PINES FL 33027

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 607.0502 and 607.1508, 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 607.0805, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** *Resident*
NAME **COX, LINDA L**
STREET ADDRESS **15895 SW 6 PLACE #201**
CITY - ST - ZIP **PEMBROKE PINES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D** *Vice President*
NAME **DE ROSAL, SANDRA**
STREET ADDRESS **1881 BAYBERRY DRIVE**
CITY - ST - ZIP **PEMBROKE PINES FL**

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

TITLE *Vice President*
NAME **KRONKA - Vernon** →
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME *Vice President*
3.3 STREET ADDRESS *Kronka Vernon A.*
3.4 CITY - ST - ZIP *3020 Wynston Drive*
Sabing Florida 33872

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] **Linda L. Cox** President 4-22-95 (305) 433-3264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature Number