

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90074 042 ***150.00

DOCUMENT # P92000008834

1. Corporation Name
POSITIVELY YOU, INC.



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

4. FEI Number
65-0372692

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

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

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 607.0505, 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 DP
NAME COX, LINDA L
STREET ADDRESS 15895-SW 6 PLACE #201
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1371 NW 144 AVE
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE DVP
NAME DE ROSAL, SANDRA
STREET ADDRESS 1881 BAYBERRY DRIVE
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1351 NW 144 AVE
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE VP
NAME KROUPA, VERNON A
STREET ADDRESS 3020 WYNSTONE DRIVE
CITY-ST-ZIP SEBRING FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1361 NW 144 AVE
3.4 CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 607, 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: *[Signature]* RECOMMENDED L. Cox 4-10-99 (954) 433-3264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0147656