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

PROFIT CORPORATION ANNUAL REPORT

1998

PASCUCCI, TRUDY 11047 PEPPERMILL LANE

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000016380 (6)

LIVING WELL PUBLICATION	NS, INC.		
Principal Place of Business Mailing Address			
11047 PEPPERMILL LANE JACKSONVILLE FL 32257	P O BOX 24155 JACKSONVILLE FL 32241 US	DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualified 03/03/1993	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For	
21	26	59-3168618 Not Applica	
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired Section Secti	
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country 24 25	Zip Country 29 30	8. This corporation owes or has paid the current year Interdible Personal Property Tax due June 30. Yes No	
9 Name and Address	of Current Registered Agent	10 Name and Address of New Registered Agent	

JACKSONVILLE FL 32257			1			
		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 administrance of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature typed or producting of registered agent and site if applicable (NOTE Registered Agent algorithms required when reinstating) DATE						
12.		3.	mit signator	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE 1	1 TITLE		☐ Change ☐ Addition		
NAME	PASCUCCI, TRUDY	2 NAME				
STREET ADORESS	11047 PEPPERMILL LANE	3 STREE	ADDRESS	·		
CITY-SY-ZIP	JACKSONVILLE FL	4 CITY-	ST-ZIP	<u> </u>		
YITLE	☐ DELETE 2	1 TITLE		☐ Change ☐ Addition		
NAME	j z	2 NAME				
STREET ADDRESS	2	3 STREET	ADDRESS			
CITY-ST-ZIP		4 CHTY-	ST-ZIP			
TITLE	☐ DELETE 3	.1 TITLE		Change Addition		
NAME] :	2 NAME				
STREET ADDRESS] 3	3 STREET	ADDRESS			
CITY-ST-ZIP		4. CITY-	ST-ZIP			
TITLE	_	.1 TITLE		☐ Change ☐ Addition		
NAME		2 NAME				
STREET ADDRESS			ADDRESS			
CITY-ST-ZIP		4 CITY-5	T-ZIP			
TITLE		1 TITLE		Change Addition		
NAME	l l	2 NAME		}		
STREET ADDRESS			ADDRESS	1		
CITY-ST-ZIP		4 CITY - S	T-ZIP	Change Addition		
TITLE		1 TITLE 2 NAME		C Otalige C Addition		
NAME			ADDRESS			
STREET ADDRESS		3 STREET	ADDRESS			

82 Street Address (P.O. Box Number is Not Acceptable)

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 by name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Feb 16 1998 8:00am

Secretary of State

Applied For Not Applicable