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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Jun 02 1998 8:00am

Secretary of State

Addition

Change

000002547561 -06/04/98-01033-040

***758.00

1. Corporatio	RESSIVE HEALTH ENTERPRIS	U56582 (8) ES, INC.				
Principal Plac	ce of Business	Mailing Address			- I TO DIEGO TELEBO ELLE GOTTE G	(D) 0)191 101(0 4)51 1051
5453 W WATERS AVE SUITE 101 TAMPA FL 33634 US		5453 W WATERS AVE SUITE 101 TAMPA FL 33634 US			DO NOT WHITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal Place of Business 21 48367 Inning Road Suite, Apt. #, etc		2a. Mailing Address 26] 1/836 7/2 Suite Apt. #, etc.	oning	Road	08/09/1993 4. FEI Number 59-3043349	Applied For Not Applicable \$8.75 Additional
22 Tanga , F + 336//		27 70 mga, FL 336// City & State		·/	Conflicate of Status Desired Status Desired Status Desired Status Desired Status Desired	Fee Required \$5.00 May Be
23 Zip	Country 25 US A	28	Country	514	Trust Fund Contribution B. This corporation owes or has paid the currer Personal Property Tax due June 30.	·
	9, Name and Address of Current				10. Name and Address of New Registered Ag	ent
GRIFFING, JERRY W				new WEBBEL		
5453 WEST WATERS AVE, STE 101 TAMPA FL 33834			82 83 84	5/reer Addre	ess (P.O. Box Number is Not decephage) 36. 710m;n40 (oa) mpc, Pt 336//	85 Zip Code
office or r	to the provisions of Sections 607.05.02 egistered agent, or both in the State or im familiar with, and accept the obligation the domptos transmitted to the AND OFFICERS AND	Transta Such change was a pas of, Section 607,0505, Flo	iuthorized by irida Statutes. —	the corporati	oration submits this statement for the purpose of chon's board of directors. I hereby accept the appoin 4/28/18 Individual of the statement of the purpose of chon's board of directors. I hereby accept the appoint of the purpose of chon's board of the purpose of the purp	ilment as registered
TITLE	PTD	□ DELLTE	13 10(F			Change
NAME STREET ADDRESS	WEBBER, ANDREW R 4836 FLAMINGO ROAD		1.2 NAME 1.3 STREET A	ODRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CHY-ST	· ZIP		, <u> </u>
NAME STREET ADDRESS CITY+ST-ZIP	VSD GRIFFING, JERRY W 111 FIRST STREET BELLEAIR BEACH FL	DATHE	2.1 YOUR 2.2 NAME 2.3 STREEL A 2.4 City-St] Change L_J Addition
TITLE NAME		DIVETE	3 1 THLE 3 2 NAME			Change Addition
STREET ADDRESS CITY-ST-ZIP			33 STREET A	ŀ		, ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ OFLETE	3.4. CHY-S1 4.1 THE 4.2 NAME 4.3 STREET A	DDRESS	4	Change Addition
NAME STREET ADDRESS		DELETE	5 1 TITLE 5 2 NAME 5 3 STREET A	DDRESS	/6	Change Addition
CITY-ST-ZIP			5.4 CiTY - S1 -	71P		I

14. Thereby 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 address.

61111LE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DELFTE