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Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # P93000067885 (2)  
1. Corporation Name  
HEALTH AWARENESS CENTER, INC.



Principal Place of Business  
6158 PARK BLVD  
PINELLAS PARK FL 33565

Mailing Address  
6158 PARK BLVD  
PINELLAS PARK FL 33781-3233

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified  
09/23/1993

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-3220919

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

9. Name and Address of Current Registered Agent  
SINCLAIR, BEVERLY A  
7111 GREENBRIER DR  
SEMINOLE FL 34847

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 and typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE  
NAME: SINCLAIR, BEVERLY A.  
STREET ADDRESS: 7111 GREENBRIER DRIVE  
CITY-ST-ZIP: SEMINOLE FL

2. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do 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.

SIGNATURE: Beverly A. Sinclair, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97 813-546-6767  
Date Daytime Phone #

0384137

CR2E034 (9/96)