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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name P93000069348 (9)

THE WELLNESS	RFVIFW	PUBLISHERS, INC.	

Principa! Place	OF Business	Mailing Address					
3406 ISLAN COOPER CI	id RD. ITY FL 33026	3406 ISLAND RD. COOPER CITY FL 3	3026				
					3. Date incorporated or Qualified 09/30/1993	3a. Date of La	st Report 1/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FET Number	00/0	Applied For
21		26			65-0438033		Not Applicable
Suite, Apt. # 22		Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Ζιρ 24	Country 25	Ζφ 29	Countr 30	ý	Florida Statutes 🗹 Yes		
	g. Name and Address of Curren	t Registered Agent		L	10. Name and Address of New F	Registered Agent	
111F4	1 MM 11444 D (D		81	Name			
	/I, WILLIAM R JR SLAND RD.		82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
	ER CITY FL 33026		83	d			
			84	City		85	Zip Code
				'	vation submits this statement for the pur	FL	
					ard of directors. I hereby accept the app		
12.	Signature, typed or printed name of registated equal to OFFICERS AND	DIRECTORS	OTE Brig stored Age	or signature receive	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIREC	CTORS IN 12
12.	OFFICERS AND		OTE Fire sched Age 13. 1 1 TITLE	rar signatura razinar	୍ର ଔ ୨ ୮ ୮୯୮ ଓ ଶହ ନ୍ତୁ	DATE	CTORS IN 12
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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)(k). 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: Alliam R. alkein - William R. Alhein

954/405-3100