FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000074229 (4)**

1. Corporation Name

HEALING ART FORMS, INC.

Principal Place of Business	Mailing Address
7587 LONDON LANE BOCA RATON FL 33433 US	7587 LONDON LANE BOCA RATON FL 33433 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/20/1993**	3a. Date of Last Report: **04/27/1994**
4. FEI Number: **65-0450316**	☐ 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 intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

HANDE, BRUCE E
7587 LONDON LANE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 or 617.1508 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

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
01 Title	P	41 Title	☐ Change ☐ Addition
02 Name	HANDE, BRUCE E	42 Name	
03 Street Address	7587 LONDON LANE	43 Street Address	
04 City St Zip	BOCA RATON FL	44 City St Zip	
05 Title		45 Title	☐ Change ☐ Addition
06 Name		46 Name	
07 Street Address		47 Street Address	
08 City St Zip		48 City St Zip	
09 Title		49 Title	☐ Change ☐ Addition
10 Name		50 Name	
11 Street Address		51 Street Address	
12 City St Zip		52 City St Zip	
13 Title		53 Title	☐ Change ☐ Addition
14 Name		54 Name	
15 Street Address		55 Street Address	
16 City St Zip		56 City St Zip	
17 Title		57 Title	☐ Change ☐ Addition
18 Name		58 Name	
19 Street Address		59 Street Address	
20 City St Zip		60 City St Zip	

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)(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 17 or Block 18 above, or on an attachment with an address.

SIGNATURE: Bruce E. Hande 4/30/95 (407)395-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260076 CP