

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000074918 (2)**

1. Corporation Name
HEALTHY LIVING ENTERPRISES, INC.



Principal Place of Business: **STE 77, 12734 KENWOOD LANE, FORT MYERS FL 33919 US**
Mailing Address: **% RACHMAN CHIROPRACTIC CLINICS, 12734 KENWOOD LANE, FORT MYERS FL 33919**

3. Date Incorporated or Qualified: **10/28/1993** 3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business: **21 STE 77, SUITE 77, 22 SUITE 77, 23 CITY & STATE, 24 ZIP 33907, 25 COUNTRY**
2a. Mailing Address: **26 % RACHMAN CHIROPRACTIC, 27 SUITE 77, 28 CITY & STATE, 29 ZIP 33907, 30 COUNTRY**

4. FEI Number: **65-0446789** 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:
**RACHMAN, BRADLEY S
% RACHMAN CHIROPRACTIC CLINICS
12734 KENWOOD LANE
FORT MYERS FL 33919**

10. Name and Address of New Registered Agent:
81 Name: **DC**
82 Street Address (P.O. Box Number is Not Acceptable): **% RACHMAN CHIROPRACTIC**
83 **SUITE 77**
84 City: **FL** 85 Zip Code: **33907**

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 agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	RACHMAN, BRADLEY S	<input type="checkbox"/> DELETE
NAME	12734 KENWOOD LANE	
STREET ADDRESS	FORT MYERS FL	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	STE 77		
1.4 CITY - ST - ZIP	33907		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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)(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: Bradley S. Rachman Date: 4/23/96 Daytime Phone #: 941-275-3343

CR2E034 (12/95)