

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000083348 (1)**

1. Corporation Name

WELLNESS PUBLISHING, INC.



Principal Place of Business

**1323 SE 17 STREET
UNIT 694
FT LAUDERDALE FL 33316**

Mailing Address

**1323 SE 17 STREET
UNIT 694
FT LAUDERDALE FL 33316**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HOLMES, HOWARD R
1323 SE 17TH ST
STE 694
FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified

12/07/1993

3a. Date of Last Report

06/23/1995

4. FCI Number

65-0453155

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

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. Zip Code

FL

85. Zip Code

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 of Corporation Officer or Director

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PST	MILES, SAMMIE	1323 S.E. 17TH ST. # 4	FT. LAUDERDALE, FL 33316	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	☐	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	☐	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	☐	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	☐	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	☐	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	☐	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	☐	☐

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 affidavit.

SIGNATURE:

Sammie Miles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sammie Miles

4-15-96

1323 SE 17th St

CR2E034 (12/95)