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May 10, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014384

1. Corporation Name

HEALTH OPTIONS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

9225 ULMERTON RD
SUITE K
LARGO FL 33771
US

PO BOX 17323
CLEARWATER FL 34622
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1994

2. Principal Place of Business

2a. Mailing Address

21 4255 73rd AVE N

26 Suite, Apt. #, etc.

22 Suite A

27 Suite, Apt. #, etc.

23 Pinellas PARK FL

28 City & State

24 Zip 33781

29 Zip 33762

25 Country USA

30 Country

4. FEI Number

59-3227288

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BURROWS, JAMES J
631 DE SOTO DRIVE
TIERRA VERDE FL 33715

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 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 *James J Burrows*
Signature, typed or printed name of registered agent and title if applicable.

JAMES J BURROWS

5/1/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TC ☐ DELETE
NAME BURROWS, JAMES J
STREET ADDRESS 631 DE SOTO DRIVE
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE P ☐ DELETE
NAME BURROWS, JAMES J
STREET ADDRESS 631 DESOTO DR.
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE S ☐ DELETE
NAME BURROWS, JAMES J
STREET ADDRESS 631 DESOTO DR.
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/99 (727) 255121

CR2E034 (11/98)