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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000020759 (4)

1. Corporation Name

APPLIED TRADITIONAL CHINESE HEALTHCARE, INC.

FILED
97 NOV 17 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

5458 TOWNE CENTER RD
STE 3
BOCA RATON FL 33431

Mailing Address

5458 TOWNE CENTER RD
STE 3
BOCA RATON FL 33486-1009

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

HIDAY, NEDRA
5458 TOWNE CENTER RD
SUITE 3
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HIDAY, NEDRA
STREET ADDRESS 5458 TOWNE CENTER RD, SUITE 3
CITY-ST-ZIP BOCA RATON FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

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14. I do 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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

CR2E034 (9/96)

Applied Traditional Chinese Healthcare

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November 11, 1997

To: Mr. Andy Dunlap

RE: Ref Number P94000020759

Dear Sir:

Thank you for your letter dated November 5, 1997.

I am writing in response. All of our corporation documents last year were forwarded to our accountant who filed the envelopes instead of addressing the different matters contained therein.

Unfortunately, our Corporation Annual Report was one of these. I therefore never received a notice to file the report (~~was~~ nor was I informed that there was a notice or a deadline for filing).

Believe me - this won't happen again & all corporation documentation is now being handled directly by this office.

Please - accept our check #2385 in the amount of \$200.00, for our annual corporation report.

Thank you very much!

Sincerely,

Nedra L. Lida
PRESIDENT