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FILED
May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000051372 (8)

1. Corporation Name

NEW DIRECTIONS FOR BETTER LIVING, INC.



Principal Place of Business

2669 FOREST HILL BLVD.
SUITE 110
WEST PALM BEACH FL 33406
US

Mailing Address

P.O. BOX 17865
WEST PALM BEACH FL 33416-7865
US

3. Date Incorporated or Qualified

07/12/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0516490

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

HARRIS, SUSAN
1365 WOODCREST RD. E
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name

GOODMAN, Laura Lee

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

1365 Woodcrest Rd East

83

84 City

West Palm Beach

FL

85 Zip Code

33417

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 signature required when reinstating)

DATE

4-17-97

12. OFFICERS AND DIRECTORS

TITLE DP
NAME GOODMAN, LAURA LEE
STREET ADDRESS 1365 WOODCREST ROAD, EAST
CITY-ST-ZIP WEST PALM BEACH FL

TITLE DVP
NAME HARRIS, SUSAN
STREET ADDRESS 1365 WOODCREST RD., EAST
CITY-ST-ZIP WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME HARRIS, SUSAN
1.3 STREET ADDRESS 1365 WOODCREST RD E.
1.4 CITY-ST-ZIP West Palm Beach FL

2.1 TITLE DVP
2.2 NAME GOODMAN, LAURALEE
2.3 STREET ADDRESS 1365 Woodcrest Rd E.
2.4 CITY-ST-ZIP West Palm Beach FL

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-97 407-471-7046

CR2E034 (9/96)