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FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000066529 (6)
1. Corporation Name
HOLISTIC HOUSE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 811617
BOCA RATON FL 33481-1617
US

P.O. BOX 811617
BOCA RATON FL 33481-1617
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1994

4. FEI Number

65-0524359

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2200 NW 2ND AVENUE

26 2200 NW 2ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 212

27 # 212

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Country USA

Zip

Country USA

24 33432

25 Boca Raton, FL

29 33432

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAZAR, WENDY
7728 TEXAS TRAIL
BOCA RATON FL 33487

81 Name

WENDY LAZAR

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

2200 NW 2ND AVENUE

83

Suite 212

84

City Boca Raton, FL

85

Zip Code 33432

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

Wendy Lazar

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME LAZAR, WENDY
STREET ADDRESS 7728 TEXAS TRAIL
CITY-ST-ZIP BOCA RATON FL 33487

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME GABRIEL YEPES
1.3 STREET ADDRESS 2200 NW 2ND AVENUE #212
1.4 CITY-ST-ZIP Boca Raton, FL 33432

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

Wendy Lazar

1/9/98

1/22/98

CR2E034 (10/97)