

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

CORPORATION,  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Working in Harmony  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

DOCUMENT # **P94000087428 (6)**

92 MAY 10 AM 10:25

1. Corporation Name  
**NEW WORLD OF HEALING ARTS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office Location: **1711 N 49TH AVENUE HOLLYWOOD FL 33021**  
Mailing Address: **1711 N 49TH AVENUE HOLLYWOOD FL 33021**

(DO NOT WRITE IN THIS SPACE)

2. Date of Report (Month/Day/Year) <b>12/02/1994</b>		3a. Date of Last Report <b>N/A</b>	
21. Principal Office Location (City, State, Zip) <b>HOLLYWOOD FL 33021</b>		4. Filing Number <b>65-0541872</b>	
22. Mailing Address (City, State, Zip) <b>HOLLYWOOD FL 33021</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. State Agent Name (City, State, Zip) <b>FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. This corporation has liability for paying the tax under § 199.112 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation has liability for paying the tax under § 199.112 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEGGETT, NANCY 8363 FONT BLVD. MIAMI FL 33172</b>				10. Name and Address of New Registered Agent			
B1. Name							
B2. Street Address (P.O. Box Number is Not Acceptable)							
B3. City							
B4. State <b>FL</b>				B5. Zip Code			

11. Pursuant to the provisions of Sections 607.011 and 607.1908, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of record 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 a registered agent under Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN 1995	
NAME	<b>D WARD, JOANN 1041 NE 196TH STREET N. MIAMI BEACH FL 33179</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE, ZIP		3. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D LEGGETT, NANCY 8363 FONT BLVD HOLLYWOOD FL 33021</b>	4. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE, ZIP		6. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CARLTON, SANDRA 1711 N 49TH AVENUE HOLLYWOOD FL 33021</b>	7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY, STATE, ZIP		9. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CARVAJAL, CARINA 8670 S.W. 4TH STREET MIAMI FL 33174</b>	10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE, ZIP		12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY, STATE, ZIP		15. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information reported with this filing is substantially true and correct and equally for the exemption stated in this form. I hereby calculate, if applicable, 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or 13 of this report. I accept the appointment with an address.

SIGNATURE: *Sandra M. Carlton* **5-3-95** **305-374-3700**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR  
**SANDRA M. CARLTON**

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**APPROVED AND FILED**

MAY 11 1995

INCORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Matheson  
Secretary of State  
1995

**DOCUMENT # P94000087714 (9)**

**RAND PRODUCTS, INC.**

Principal Office - Location: **4679 TAMWORTH DR PALM HARBOR FL 45685**  
 Mailing Address: **4679 TAMWORTH DR PALM HARBOR FL 45685**

(ENTER WRITE IN THIS SPACE)

2. Filing Date of Report		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		59-3293424		12/02/1994	
22. State		27. State		5. Certificate of Status Desired		Applied For / Not Applicable	
23. City & State		28. City & State		6. Election Campaign Financing / Trust Fund Contribution		\$8.75 Additional Fee Required / \$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation has assets, for intangible tax under S. 198.042, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MICHAELS, THOMAS O 1370 PINEHURST RD DUNEDIN FL 34698				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State <b>FL</b> 85. Zip Code			

11. Pursuant to the provisions of Sections 607.0105 and 607.1505, 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 Sections 607.0105 Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1.	
1. NAME	1. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. STREET ADDRESS	2. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3. CITY	3. CITY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4. NAME	4. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5. STREET ADDRESS	5. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6. CITY	6. CITY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
7. NAME	7. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
8. STREET ADDRESS	8. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
9. CITY	9. CITY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.051 and 119.052, Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I shall be liable as a director of this corporation for the making or filing of information furnished to associate this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this report or on an attachment thereto as indicated.

SIGNATURE: *Norman R Fierbaugh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-95  
113-737-2724