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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000002286 (9)

DOCUMENT #

WELLNESS SUCCESS GROUP, INCORPORATED

2. Principal Place of Business 2. And ling Address 3. And ling Address 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Finance Trust Fund Contribution 4. FIN Status Desired 4. FEI Number 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Finance Trust Fund Contribution 4. Final Statutes 4. FIN Sumper Finance Trust Fund Contribution 4. Final Statutes 4. FIN Sumper Finance Trust Fund Contribution 4. Final Statutes 4. FIN Sumper Finance Trust Fund Contribution 4. Final Statutes 4. FIN Sumper Finance Trust Fund Contribution 4. Final Statutes 4. FIN Sumper Finance Trust Fund Contribution 4. Final Statutes 4. FIN Sumper Finance Trust Fund Contribution 4. Final Statutes 4. FIN Sumper Finance Trust Fund Contribution 4. Final Statutes 4. FIN Sumper Finance Trust Fund Contribution 4. Final Statutes 4. FIN Sumper Finance Trust Fund Contribution 4. Final Statutes 4. FIN Sumper Finance Trust Fund Contribution 4. Final Statutes 5. Certificate of Statutes 5. Certificate of Statutes 5. Certificate of Statutes 6. Election Campaign Finance Trust Fund Contribution 6. Election Campaign Finance Trust Fund Contribution 6. Final Statutes 6. Election Campaign Finance Trust Fund Contribution 6. The Finance Trust Fund Country 6. The Finan			
4866 NW 67 AVE FT LAUDERDALE FL 33319  2. Principal Piace of Business 2. Principal Piace of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 3. Country 2. Zip 2. Country 3. Country 4. FEI Number 5. Certificate of Status Desired 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Find a Statutes 8. Fine and Address of Number is Not Accumpled Agent 8. Name 8. Street Address (P.O. Box Number is Not Accumpled Agent) 8. Find a Statutes 8. Street Address (P.O. Box Number is Not Accumpled Agent) 8. Find a Statutes 8. Find Address of One of Sections 607 0502 and 607.1508, Find A Statutes in a above-named corporation submits this statement for the or registered Agent, or both, in the State of Fioricia. Such change was authorized by the corporation's board of directors. I hereby accept the familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.			
2. Principal Piace of Business 2. Principal Piace of Business 2. Suite, Apt. #, etc. 2. City & State 3. Date incorporated or Qualific O1/09/1995 4. FEI Number 6. Country 5. Certificate of Status Desired 7. City & State 7. Country 8. Trust Fund Contribution 7. Country 8. Trust Fund Contribution 7. Country 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acountry 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 familiar with, and accept the obligations of, Section 607,050s, Florida Statutes.			
2a Mailing Address 26 Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State City & State 27 Country 28 Country 29 30 Suite, Apt. #, etc. 10. Name and Address of Current Registered Agent 81 Name  GALLARDO, LOUIS 4868 NW 67 AVE FT LAUDERDALE FL 33319  4. FEI Number 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability Florida Statutes 10. Name and Address of N 82 Street Address (P.O. Box Number is Not Aco	3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1995		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   State   Status Desired   City & State   City & State   Trust Fund Contribution		Applied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	208	Not Applicable	
City & State  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation has liability Florida Statutes  Florida Statutes  Florida Statutes  ID. Name and Address of N  9. Name and Address of Current Registered Agent  81 Name  Registered Agent  82 Street Address (P.O. Box Number is Not Account Agent)  83 FT LAUDERDALE FL 33319  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502, Florida Statutes, the above-named corporation submits this statement for the provision of Sections 607.0505, Florida Statutes.		8.75 Additional	
City & State  City & State  28  Zip  Country  29  30  Street Address (P.O. Box Number is Not Aco  4868 NW 67 AVE  FT LAUDERDALE FL 33319  City & State  Country  Zip  Country  Zip  Country  30  Street Address (P.O. Box Number is Not Aco  82  Street Address (P.O. Box Number is Not Aco  83  City  Country  84  City  Country  85  Name  86  Street Address (P.O. Box Number is Not Aco  87  City  City & State  Country  Street Address (P.O. Box Number is Not Aco  88  City  City  City & State  Country  Street Address (P.O. Box Number is Not Aco  89  City  City  City  City & State  Country  Country  Street Address (P.O. Box Number is Not Aco  80  City		Fee Required	
Zip Country Zip Country B. This corporation has liability Florida Statutes ID. Name and Address of Current Registered Agent B. This corporation has liability Florida Statutes ID. Name and Address of Current Registered Agent B. Name  GALLARDO, LOUIS B. Street Address (P.O. Box Number is Not Aco B. Street Address (P.O. Box Number is Not Aco B. Street Address (P.O. Box Number is Not Aco B. Street Address (P.O. Box Number is Not Aco B. Street Address (P.O. Box Number is Not Aco B. Street Address (P.O. Box Number is Not Aco B. Street Address (P.O. Box Number is Not Aco B. This corporation has liability Florida Statutes B. This corporation has liability Florida Statu	ng 🗆	\$5.00 May Be Added to Fees	
Zip Country 29 30 Florida Statutes  9. Name and Address of Current Registered Agent 81 Name  GALLARDO, LOUIS 4868 NW 67 AVE FT LAUDERDALE FL 33319 82 Street Address (P.O. Box Number is Not Account to the provisions of Sections 607.0502 and 607.1508, Florida Statutes the above-named corporation submits this statement for the corporation of Sections 607.0502 and 607.0505, Florida Statutes the above-named corporation submits this statement for the corporation of Sections 607.0505, Florida Statutes and Statutes the corporation's board of directors. I hereby accept the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	<del></del>		
25 29 30 10. Name and Address of No. 9. Name and Address of Current Registered Agent 81 Name  GALLARDO, LOUIS 82 Street Address (P.O. Box Number is Not Account Agent 83 Street Address (P.O. Box Number is Not Account Agent 84 City 85 City 85 City 86 City 87 City 87 City 87 City 87 City 88 City 88 City 88 City 88 City 88 City 89 City	y for intangible tax u Yes No	100.000	
GALLARDO, LOUIS  4868 NW 67 AVE FT LAUDERDALE FL 33319  81 Name  82 Street Address (P.O. Box Number is Not Account and Address (P.O. Box Number is Not Acc	ew Registered Ag	ent	
GALLARDO, LOUIS  4866 NW 67 AVE  FT LAUDERDALE FL 33319  82 Street Address (P.O. Box Number is Not Account and Acc			
4868 NW 67 AVE FT LAUDERDALE FL 33319  84 City  1. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the 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 above-name of the corporation of the corp	entable)		
4866 NW 67 AVE FT LAUDERDALE FL 33319  84 City  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the 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 familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.	Opriono)		
FT LAUDERDALE FL 33319  84 City  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.			
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ol>		85 Zip Code	
or registered each the obligations of, Section 607,0505, Florida Statutes.	FL		
SIGNATURE Signature by extra portional not regulated, a print and the marginal and the marg	O OFFICERS AND	DIRECTORS IN 12	
12. OFFICERS AND DIRECTORS 13. ADDITIONS OF MICE.		Change 💢 Additio	
	DA MAID		
		1- 2726	
NAME  13 STREET ADDRESS  14 City-S1- Zip F4 Lauderde	ak Horid	Change Addition	
CITY-St GP 2 1 11/LE 1/- Deac		J Charige X Mootin	
TITLE LOUIS GALLON	rdo		
NAME STREET ADDRESS 22 NAME 23 STREET ADDRESS 48 W NW 67	in All	33319	
24011-01 21	10 71	Change Additi	
	<i></i> / <i></i> -		
3.2 NAME			
3.3 SINCE MUDICIS			
34011-3-21		Change Addit	
CITY-ST-ZIP DELETE 4 1 TITLE 4 2 NAME			
NAME 4.3 STHEET ADDRESS			
STREET ADDRESS 44.0.TV - ST - ZIP		Channe Clade	
CITY-SI-ZIP DELETE 5.1 TITLE	Į.	Change Add	
TITLE 52 NAME			
NAME 53 STREET ADDRESS			
STREET ADDRESS 54 CITY - ST - ZIP			
CITY-ST-ZIP DELETE 6 17/LF		Change Add	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 cath; 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.

6.2 NAME 63 STREET ADDRESS

TITLE

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 Dayting Proper.

0234757