

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1062

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000002286 (9)

1. Corporation Name
WELLNESS SUCCESS GROUP, INCORPORATED

Principal Place of Business
4866 NW 67 AVE
FT LAUDERDALE FL 33319

Mailing Address
4866 NW 67 AVE
FT LAUDERDALE FL 33319

FILED

97 SEP -2 AM 9: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/09/1995		04/15/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0550208		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		27		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GALLARDO, LOUIS 4866 NW 67 AVE FT LAUDERDALE FL 33319		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		Ronald Potella 6150 South West Eighth Court Plantation FL 33317	

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: Ronald Potella DATE: 8/26/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SCANLON, PAULA		1.2 NAME Paula Scanlon	
STREET ADDRESS 4866 NW 87TH AVE		1.3 STREET ADDRESS 17327 Club Hill Dr	
CITY-ST-ZIP FT LAUDERDALE FL		1.4 CITY-ST-ZIP Dallas TX 75248	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GALLARDO, LOUIS		2.2 NAME Louis Gallardo	
STREET ADDRESS 4866 NW 87TH AVE		2.3 STREET ADDRESS 17327 Club Hill Dr	
CITY-ST-ZIP FT LAUDERDALE FL		2.4 CITY-ST-ZIP Dallas TX 75248	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Ronald Potella DATE: 8/26/97

CR2E034 (4/97)

2082

Wellness Success Group Inc.
Providence Towers
5001 Spring Valley Road ste 500E
Dallas, Texas 75244

August 27, 1997

Division of Corporations
Annual Reports Section
Post Office Box 6327
Tallahassee, Florida 32314

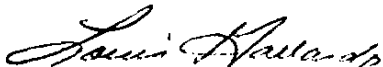
To Whom it may concern,

Enclosed is the 1997 Annual Report for Wellness Success Group. The report is being sent in after the May 1 filing date as my family and I moved out of state (Texas) at the end of 1996. As such, I did not receive the Annual Report in time to file it prior to May 1 1997

Therefore, I am submitting payment in the amount of \$165 and respectfully request any late fee/penalties be waived in this case. I have engaged an accountant in Florida recently to handle the company's business so as to avoid this situation in the future. If you have any questions or require additional information please contact my accountant, Ronald A. Patella, C.P.A. at (954) 792-9413

Thank you for your cooperation.

Sincerely,



Louis Gallardo, President
Wellness Success Group, Inc.