FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000037226 (4)

WOMEN'S WELLNESS CENTER, INC.

Principal Place of Business	Mailing Address			
6577 SUPERIOR AVENUE SARASOTA FL 34231	6577 SUPERIOR AVENUE SARASOTA FL 34231			
2. Principal Place of Business	2a. Malling Address			

FILED

Jan 16 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address) : ***********************************	211 16019 1614 1/814 #111 981
6577 SUPERIOR AVENUE 6577 SUPERIOR AVENUE			IUE			
SARASOTA FL 34231 SARASOTA FL 34231					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	- · · · · · · · · · · · · · · · · · · ·
					05/08/1995	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21		26			65-0577143	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27 27					Fee Required	
City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
23 Zip	Country	Zip	Count	· · · · · · · · · · · · · · · · · · ·		Added to Fees
24			30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	9. Name and Address of Curr				10. Name and Address of New Registered	
ΔS	ASKINS, ROLAND V JR					
	6577 SUPERIOR AVENUE			2 Street Add	dress (P.O. Box Number Is Not Acceptable)	
	SARASOTA FL 34231			zi olieel Aut	iress (F.O. Box Nomber is Not Acceptable)	
	40.0011(12.0120)		8	3		
			8	City		85 Zip Code
			°	City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	tutes, the abo	ve-named cor	poration submits this statement for the purpose	of changing its registered
office or agent, I a	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida, Such change wa Idations of, Section 607,0505,	is authorized l Florida Statut	by the corpora es.	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE		•				
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (I	NOTE: Registered A	gent signature requ	uired when rainstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	ASKINS, ROLAND V		1.2 NAM			
STREET ADDRESS			1,3 STRE	T ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY			
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAM			
STREET ADDRESS			E	T ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 C!TY	ST-ZIP		Channe I additi
TITLE		L_1 DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM			
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3,4, CITY 4,1 TITLE	·SI-ZIP		Change Addition
		☐ ⊅creie	1			L Griange L Audition
NAME	1		4. 2 NAM	- 1		
STREET ADDRESS				T ADDRESS		
CITY - ST - ZIP		DELETE	4.4 CITY	ST-ZIP		Change Addition
TITLE		☐ nerele	5.1 TITLE			LL CHANGE LL ADDITION
NAME			5.2 NAM	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
		DELETE	6.1 TITLE			Change Addition

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)(7), 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 13 if changed, or on an attachment with an adjector.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS