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FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P95000040679 (9)

1. Corporation Name

WORLD WELLNESS GENERAL PARTNER #1, INC.

Principal Place of Business

11350 66TH STREET NORTH
SUITE 109
LARGO FL 34643

Mailing Address

11350 66TH STREET NORTH
SUITE 109
LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1995

4. FEI Number

59-3335409

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

21 36555 U.S. 19 No.

Suite, Apt. #, etc.

22

City & State

23 Palm Harbor, FL

Zip

24 34684

Country

25 U.S.A.

2a. Mailing Address

26 36555 U.S. 19 No.

Suite, Apt. #, etc.

27

City & State

28 Palm Harbor, FL

Zip

29 34684

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

GARCIA, CARLOS M M.D.
11350 66TH STREET NORTH
SUITE 109
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name

Garcia, Carlos M.

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

36555 U.S. 19 No.

83

84 City

Palm Harbor

FL

85 Zip Code

34684

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

Signature, typed or printed name, title, and address of the agent

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GARCIA, CARLOS M M.D.
STREET ADDRESS 11350 66TH STREET NORTH
CITY-ST-ZIP LARGO FL 34643

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☒ Change ☐ Addition

12 NAME Garcia, Carlos M.
13 STREET ADDRESS 36555 U.S. Hwy 19 No.
14 CITY-ST-ZIP Palm Harbor, FL 34684

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

4-8-98 (813) 771-9669

CR2E034 (10/97)