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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000042418 (0) WELLNESS ALERT, INC.

FILED 'May 18 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address							Afili eibj e j	iêli afûûl		
9052 PINE SPRINGS DRIVE 9052 PINE SPRINGS DRIVE			RIVE							
BOCA RATON FL 33428 BOCA RATON FL 33428										
						DO NOT WRITE IN	THIS SF	ACE		_
						3. Date Incorporated or Qualified 05/31/1995				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For	
21 26						65-0636484		Not Applicable		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	City & State City & State 28					Election Campaign Financing Trust Fund Contribution			May Be	
Zip 24	Country 25	Zip 29	30 Co.	untry		This corporation owes or has paid the current year Intangit. Personal Property Tax due June 30. No.				7
	9. Name and Address of Curren		1301	7		10. Name and Address of New Regis				\dashv
DOY	LE, JOHN J JR			81	Name					7
9052 PINE SPRINGS DR				82	Charact & delete	75 O 50-71-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				4
BOCA RATON FL 33428					Sireet Addi	ress (P.O. Box Number is Not Acceptable)) 			
				83						
J				84	City			85 Zi	p Code	7
44 10	66-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	0 1667 4660 61-24-61-1	4	\coprod			FL		- 1 1 1 1	_
11. Pursuant to the provisions of Sections 607.05:02 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 Horida. 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 _	gnature: typed or profed name of regelfood age	ud and life of aradicalda UNC	116 - Popietoro	d Aco	ol e godbye reg ti	red when reinstaling)	DATE			
12.	OFFICERS AND		13.	- Toget	in a griotale recipi	ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12	긤댬
TITLE	D	DELETE	1.1 T	ITLE				Change		200
NAME	DOYLE, JOHN J JR.			12 NAME						٠,٠
STREET ADDRESS	9052 PINE SPRINGS DRIVE		1.3 \$	TREET	address					FOR
CITY-ST-ZIP	BOCA RATON FL 33428		1,4 0	!TY-S1	T-ZIP					3
TITLE	DELETE		2.11	2.1 TITLE				Change	e Addition	
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NAME			32 N	AME	Ì					
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STREET ADDRESS					ADDRESS					1
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NAME		La beccit	6.2 N		Ì		L	_ orange	- FT Monitori	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				THEET I	l l					
	rtify that the information supplied wi	th this filing does not qualify				Section 119.07(3)(i), Florida Statutes. 1 fur	ther certi	fy that t	he information	1

Indicated on this arinual report or supplicativity in the morration stated in section 11st of 5/10, Florida Statutes. Further certify that the morration indicated on this arinual report or supplicative 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 chapted, or on an effectinent with an address.

GNATURE: