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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044307 (3) 1. Corporation Name

POSITIVELY HEALTHY, INC.

Principal Place	of Business	Mailing Address				1 010 14 01600 13411 00 411	
13726 EXOTICA LANE WEST PALM BEACH FL 33414		13726 EXOTICA LANE WEST PALM BEACH FL 33414-8152					
					05/31/1995	a. Date of Last Re 04/26/1996	eport
2. Principal Pla	ace of Business	2a, Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0599937		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	38.75 A	1
City & State		City & State		• El de-Oi- Ele		·	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zφ	Country	Zip	Country	/	8. This corporation has liability for inten		
24	25 29 30		0		Florida Statutes		
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Registe	ared Agent	
POT	ter, carolyn		81	Name			
13726 EXOTICA LANE			82	Street Address (P.O. Box Number is Not Acceptable)			
WES	IT PALM BEACH FL 33414						
			83				
			84	City		85 Zip (Code
				<u> </u>	rporation submits this statement for the purpo	FL S 2	
SIGNATURE	n familiar with, and accept the obligat				ation's board of directors. I hereby accept the	PATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME			1.2 NAME				
STREET ADDRESS	13726 EXOTICA LANE		1.3 STREE	ADDRESS			
C11Y-\$1-2IP			1.4 CITY-5	ST-ZIP		17 86	The SALESON
TIFLE			2 1 TITLE			L. Change	Addition
NAME	AATON MUNICIPAL A AAAD		22 NAME			*	
STREET ADDRESS	WEST PALM BEACH FL 33414		23 STREET ADDRESS 2 4 City-St-Zip		;		
CITY-SI-7/2 TITLE			31 TITLE			Change	Addition
NAME			32 NAME				
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-		1		İ
TITLE			4.1 TITLE		<u> </u>	☐ Change	☐ Addition
NAME.			4. 2 NAME				
STREET ADORESS			4.3 STREE	ADDRESS			
CITY-S1-ZIP			4.4 CITY - 1	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				Ì
STREET ADDRESS			5.3 STREE	ADDRESS			
CHTY - ST - ZIP		Treirre	5.4 CITY - 5	ST-ZIP		Ohanes	Apidisian
TITLE		☐ DELETE	6.1 TITLE			Change	Addition Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ì			ŀ
Offy-ST-7iP	y certify that the information supplied	with this filing does not avalify	6.4 CITY-:		ed in Section 119.07(3)(i), Florida Statutes. I f	further certify that	the
information Lam an of	n indicated on this annual report or su	ipplemental annual report is tru he receiver or trustee empower	e and acc	urate and the	at my signature shall have the same legal effort as required by Chapter 607, Florida Statu	fect as if made und	der oath; that