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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000055519 (9)

1. Corporation Name

WEST COAST WELLNESS, INC.



Principal Place of Business

2965 BEE RIDGE ROAD
SUITE A
SARASOTA FL 34239

Mailing Address

2965 BEE RIDGE ROAD
SUITE A
SARASOTA FL 34239-7113

3. Date Incorporated or Qualified

07/18/1995

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21 10681 Airport Pulling RD N.
Suite, Apt. #, etc.

22 Suite 24

23 City & State
Naples, FL

24 Zip 34109 25 Country

2a. Mailing Address

26 10681 Airport Pulling RD N.
Suite, Apt. #, etc.

27 Suite 24

28 City & State
Naples, FL

29 Zip 34109 30 Country

4. FEI Number

65-0600496

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORSE, F. GRANT III

2420 BEE RIDGE ROAD

SUITE C

SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

10681 Airport Pulling RD N. Suite 24

83

84 City Naples, FL

85 Zip Code

34109

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 of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME MORSE, GRANT
STREET ADDRESS 2965 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34239

TITLE VP ☐ DELETE
NAME BALLACHINO, SAM
STREET ADDRESS 2965 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Morse, Grant - P
1.3 STREET ADDRESS 10681 Airport Pulling RD N #24
1.4 CITY-ST-ZIP Naples, FL 34109

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Ballachino, Sam - VP
2.3 STREET ADDRESS 10681 Airport Pulling RD N #24
2.4 CITY-ST-ZIP Naples, FL 34109

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)