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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000067608 (6)

NEW HORIZONS WELLNESS CENTER, INC.

## FILED Feb 24 1998 8:00am Secretary of State

| u.  |   |   |                     |                      |  |  |  |
|---|---|---|---------------------|----------------------|--|--|--|
| Principal Place of Business Mailing Address   |   |   |                     |                      | L SERICADI HAN SAIAL BINIL BRISI BRASI AN  | ini addina dinin laddir dinin dalan dalit 1984 |  |
| 4301 NW 49TH TERRACE 4301 NW 49TH TERRACE   |   |   | ACE                 |                      |  |  |  |
|   |   |   | DALE LAKES FL 33319 |                      |  |  |  |
| ,   |   |   |                     |                      |  | DO NOT WRITE IN THIS SPACE                     |  |
| !   |   |   |                     |                      | 3. Date Incorporated or Qualified  |  |  |
|   |   |   |                     |                      | 08/30/1995   |  |  |
|   | 1 Place of Business                       | 28. Mailing Address                     |                     |                      | 4. FEI Number  | Applied For                                    |  |
| 21  |   | [26]                                    |                     |                      | 36-3383967   | Not Applicable                                 |  |
| Suite, Apt. #, etc.   |   |   |                     |                      | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required                 |  |
| City & S  | 27  |   |                     |                      | a Stanion Committee Figure in  |  |  |
| 23  | idio                                      | 28                                      |                     |                      | Election Campaign Financing     Trust Fund Contribution                              | \$5.00 May Be Added to Fees                    |  |
| Zip   | Country Zip                               |   | Cour                | itry                 | 8. This corporation owes or has pa   |  |  |
| 24  | 25  | }-¬ı                                    | 29 30               |                      | Personal Property Tax due June   |  |  |
| <u></u>   | 9. Name and Address of C                  |   | 1001                |                      | 10. Name and Address of New Re   |  |  |
|   | PINCUS, TERRY                             | · · · · · · · · · · · · · · · · · · ·   |                     | Name                 |  |  |  |
|   | I301 NW 49TH TERRACE                      |   | -                   | 32 Street Add        | dress (P.O. Box Number is Not Acceptab   | Jo)  |  |
| LAUDERDALE LAKE FL 33319  |   |   |                     | Sireer Auc           | bress (F.O. Box Number is Not Acceptate  | ne)  |  |
|   |   |   |                     | B3                   |  |  |  |
|   |   |   |                     |                      |  | 7-1-3-0-1                                      |  |
|   |   |   | ['                  | B4 City              |  | FL 85 Zip Code                                 |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both; in the State of Florida. Such change was authorize agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida State. |   |   |                     |                      | rporation submits this statement for the pation's board of directors. I hereby accep |  |  |
|   |   | Congritoris (ii, Gection bor.0000       | , r ionda statt     | 165.                 |  | Į.   |  |
| SIGNATUR  | Signature typed or pointed name of regets | nict agent and sile diapphoable (       | NOTE Registered     | Agent signature requ | uired when reinstating)  | DATE   |  |
| 12.   |   | S AND DIRECTORS                         | 13.                 |                      | ADDITIONS/CHANGES TO OFFICE  | CERS AND DIRECTORS IN 12                       |  |
| TITLE   | PD  | DELETE                                  | 1.1 717             | E                    |  | ☐ Change ☐ Addition                            |  |
| NAME  | ADELMAN, MARSHALL F                       | ₹                                       | 1.2 NAI             | AE .                 |  | ·  |  |
| STREET ADORES   | is 55 COUNTRY LANE                        |   | 1.3 STF             | EET ADDRESS          |  | li li  |  |
| CITY-ST-ZIP   | HIGHLAND PARK IL 60035                    |   | 1.4 CIT             | r-ST-ZiP             |  | 8  |  |
| TITLE   | \$  | DELETE                                  | DELETE 2.1 TIT      |                      |  | Change Addition                                |  |
| NAME  | ADELMAN, DAIL S                           |   | . 2.2 NA            |                      |  |  |  |
| STREET ADDRES   | s 55 COUNTRY LANE                         | 55 COUNTRY LANE                         |                     | EET ADDRESS          |  |  |  |
| CITY-ST-ZIP   | HIGHLAND PARK IL 600                      | 35                                      | 2. 4 01             | Y-ST-ZIP             |  |  |  |
| TITLE   | T   | DELETE                                  | 3.1 TIT             | E                    |  | Change Addition                                |  |
| NAME  | PINCUS, TERRY                             |   | 3.2 NAI             | AE [                 |  | ĺ  |  |
| STREET ADDRES   |   |   | 3.3 STF             | EET ADORESS          |  |  |  |
| CITY - ST - ZIP   | LAUDERDALE LAKES FL                       | . 33319                                 | 3 4. CIT            | Y-ST-ZIP             |  | <u></u>  |  |
| TITLE   |   | ☐ DELETE                                | 4 1 TIT             | E                    |  | ☐ Change ☐ Addition                            |  |
| NAME  |   |   | 4. 2 NA             | ME                   |  |  |  |
| STREET ADDRES   | ss  |   | 4.3 STA             | EET ADDRESS          |  |  |  |
| C/TY-ST-ZIP   |   | <b>-</b>                                | 4.4 CIT             | r-ST-ZIP             |  |  |  |
| THTLE   |   | DELFTE                                  | 5.1 TITI            | E                    |  | Change Addition                                |  |
| NAME  |   |   | 5.2 NA              | AE                   |  |  |  |
| STREET ADDRES   | ss  |   | 5.3 STF             | EET ADDRESS          |  |  |  |
| CITY-ST-ZIP   | <u> </u>                                  |   | 5.4 CIT             | r-ST-ZIP             |  |  |  |
| TITLE   |   | ☐ DELETE                                | 6.1 TIT             | E                    |  | Change Addition                                |  |
| NAME  |   |   | 6.2 NA              | AE .                 |  | 1  |  |
| STREET ADORES   | ss  |   | 6 3 STF             | FET ADDRESS          |  |  |  |
| CITY-ST-ZIP   |   |   | 6.4 CIT             | r-S1-ZIP             |  |  |  |
|   | w cortify that the information to man     | light with this filese close not enable |                     |                      | n Section 110 07(3)(i) Florida Statutos I  | further certify that the information           |  |

14. I nereby certify that the information supplied with this filling 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 frustree 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 authorities.

SIGNATURE:

allold Server Marshall R. Alelman

2/17/98