## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000070641 (2)

WELLNESS GUILDS, INC.

appears in Block 12 or Block 13 if cl

SIGNATURE:

Principal Place of Business

Mailing Address

2a. Mailing Address

3427 EXCHANGE AVENUE NAPLES FL 33942

2. Principal Place of Business

3427 EXCHANGE AVENUE NAPLES FL 33942 APPROVED AND FILED

96 FEB -8 PM 1: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3. Date incorporated or Qualified 3a. Date of Last Report

09/11/1995

4. FEI Number



Applied For

		26					Not Applicable
Suite, Apt. #	#, etc	Suite, Apt. #, etc			5. Certificate of Status Desired	7 7 7 7	Additional Required
Oty & Stafe	}	City & State	.,,		6. Election Campaign Financing	\$5.0	O May Be
		28			Trust Fund Contribution	Adde	d to Fees
Zipi	Country	Ζφ	Country	у	8. This corporation has liability for	•	199.032,
	25	[29]	30			s 🔲 No	
	9. Name and Address of Curre	nt Registered Agent		Name	10. Name and Address of New	Hegistered Agent	
	KRATZ, ALLEN M			81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83			
3427 EXCHANGE AVENUE NAPLES FL 33942			93				
NAPLES	S FL 33942		100	Ί			
			84	City		FL 85 Z	ip Code
	60-1	10 C07 1500 Florido Ctat	too the above		ation submits this statement for the pu	• —	rapistered of
or register	red agent, or both, in the State of Floi	rida. Such change was authori	ized by the con	poration's boar	ation submits this statement for the port of directors. I hereby accept the app	pointment as registered	d agent. I am
familiar wil	In, and accept the obligations of, Sec	ction 607.0505, Florida Statute	98.				
SNATURE .			OTF Registered Age			DATE	
	Signature, typou or period notice of registered ages  Of FIGERS Aft	ND DIRECTORS	13.	int signature require:	ADDITIONS/CHANGES TO OF		ORS IN 12
	n Griotisa	DELETE	1, 1 7018		7,551,151,65,61,41,626,16-6.	Change	Additio
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certly 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

AME OF SIGNING OFFICER OR DIRECTOR

Allen M. Kratz

01+16+96

941+263+3961

Daytime Phone ≢