## 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 # P95000070641 (2)

WELLNESS GUILDS, INC.

Principal Place of Business

3427 EXCHANGE AVENUE NAPLES FL 32040 Mailing Address

3427 EXCHANGE AVENUE NAPLES FL 388127

3404

**FILED** 

Jan 29 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Suite, Apt. #, etc.  Suite Added to Status Desired on weap of has paid the currery year Intanglible Personal Property Tax due June 30.  Suite Address of New Registered Agent  Name  Suite Address of New Registered Agent  Suite Address of New Registered Agent  Suite Address (P.O. Box Number is Not Acceptable)  Suite Address of New Registered Agent  Suite Address of	2. Principal Place of Business  2a. Mailing Address  25. Certificate of Status Desired  27. City & State  28. City & State  29. Country  29. Country  29. Name and Address of Current Registered Agent  KRATZ, ALLEN M  3427 EXCHANGE AVENUE  NAPLES FL 365-12  29. Mailing Address  4. FEI Number  65-0118532  5. Certificate of Status Desired  7. Country  8. This corporation owes or hat Personal Property Tax due of Personal Pr	Fee  9 \$5.0  Add s paid the curren year une 30. Yes	e Required  OO May Be led to Fees r Intangible
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Scrifficate of Status Desired   \$8.75 Additional Fee Required	Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Suite, Apt. #, etc.  City & State  Country  Suite, Apt. #, etc.  City & State  Country  Suite, Apt. #, etc.  Country  Suite Address of New Accessing Agent  Name  Suite Address (P.O. Box Number is Not Access	Fee  9 \$5.0  Add s paid the curren year une 30. Yes	5 Additional e Required 00 May Be ded to Fees r Intangible
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Suite, Apt. #, etc.  City & State  Country  Suite, Apt. #, etc.  Suite, Apt. #, etc.	Fee  9 \$5.0  Add s paid the curren year une 30. Yes	e Required  OO May Be led to Fees r Intangible
City & State  Country  B. This corporation owes or has paid the currenty year Intangible Personal Property Tax due June 30.  City & State  Personal Property Tax due June 30.  City & State  City & State  Country  B. This corporation owes or has paid the currenty year Intangible Personal Property Tax due June 30.  City & State  City & State  Country  B. This corporation owes or has paid the currenty year Intangible Personal Property Tax due June 30.  City & State  Country  B. This corporation owes or has paid the currenty year Intangible Personal Property Tax due June 30.  City & State  Country  B. This corporation owes or has paid the currenty year Intangible Personal Property Tax due June 30.  City & State  Country  B. This corporation owes or has paid the currenty year Intangible Personal Property Tax due June 30.  City & State  Country  B. This corporation owes or has paid the currenty year Intangible Personal Property Tax due June 30.  City & State  Country  B. This corporation owes or has paid the currenty year Intangible  To Name and Address of Current Registered Agent  B. This corporation owes or has paid the currenty year Intangible  To Name and Address of New Registered Agent  City State Address (P.O. Box Number is Not Acceptable)  State Address (P.O. Box Number is Not Acceptable)  State Address (P.O. Box Number is Not Acceptable)  State Address of New Registered Agent  City State Address (P.O. Box Number is Not Acceptable)  To Name and Address of Verson Intangible  City State Address (P.O. Box Number is Not Acceptable our Property Tax due June 30.  City State Address (P.O. Box Number is Not	City & State  Country  Country  Exp  Country  State  Country  State  Country  R. This corporation owes or hat Personal Property Tax due of Personal Prop	g \$5.0 Add s paid the current year une 30. Yes	00 May Be led to Fees r Intangible
23	23	Add s paid the curren year une 30. Yes	led to Fees r Intangible
28	Zip Country Zip Country 3	Add s paid the curren year une 30. Yes	led to Fees r Intangible
24 25 29 30 B. This corporation does or has paid the currery year intangible Personal Property Tax due June 30. Yes No.  9. Name and Address of Current Registered Agent  KRATZ, ALLEN M  3427 EXCHANGE AVENUE NAPLES FL 36542  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 agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  KRATZ, ALLEN M  STREET ADDRESS  CRY-ST-ZIP  NAPLES FL 36542  14. CITY-ST-ZIP	24 25 29 30 Personal Property Tax due view of Name and Address of Current Registered Agent  STATE NAME AND ADDRESS OF CURRENT REGISTER AGENT TO Name and Address of New Name and Address of New Name Address of New Name Name Street Address (P.O. Box Number is Not Access Name Name Name Name Name Name Name Name	une 30. Yes	
9. Name and Address of Current Registered Agent  KRATZ, ALLEN M  3427 EXCHANGE AVENUE NAPLES FL 38512  82 Street Address (P.O. Box Number is Not Acceptable)  83   Part    84   City   FL    85   Zip Code  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyped or printed name of registered agent and life if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE   D	9. Name and Address of Current Registered Agent KRATZ, ALLEN M 3427 EXCHANGE AVENUE NAPLES FL 38942  34404  10. Name and Address of New 81 Name 82 Street Address (P.O. Box Number is Not Acce		
KRATZ, ALLEN M  3427 EXCHANGE AVENUE NAPLES FL 36542  3440  3457 EXCHANGE AVENUE NAPLES FL 36542  3440  345 Street Address (P.O. Box Number is Not Acceptable)  346 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or preted name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  KRATZ, ALLEN M  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  NAPLES FL 36542  1.4 CITY-ST-ZIP	KRATZ, ALLEN M 3427 EXCHANGE AVENUE NAPLES FL 39342 34404 81 Name 82 Street Address (P.O. Box Number is Not Acce	Registered Agent	<u> </u>
3427 EXCHANGE AVENUE NAPLES FL 36912  34407  3427 EXCHANGE AVENUE NAPLES FL 36912  34407  344 City  FL 85 Zip Code  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 register 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. hyped or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D	3427 EXCHANGE AVENUE NAPLES FL 38942  34404  82 Street Address (P.O. Box Number is Not Acce		
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CITY-ST-ZIP	CITY-ST-ZIP   3.4. CITY-ST-ZIP     TITLE		

14. I 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 address.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADORESS CITY-ST-ZIP

CITY - ST - ZIP

GNA TIRE

DELETE

01/09/92 941263+376

Change

Addition

(2E034 (10/97)