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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

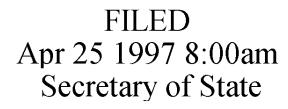
DIVISION OF CORPORATIONS

DOCUMENT # P96000057650 (9)

THE AMERICAN WELLNESS GROUP, INC.

Principal Place of Business

Mailing Address





426 S. MILITARY TRAIL DEERFIELD BEACH FL 33442		426 S. MILITARY TRAIL Deerfield beach fl 33442-3009					
					3. Date Incorporated or Qualified 07/08/1996	3a. Date of Last	! Report
	ace of Business	2a. Mailing Address		4. FEI Number 65-0478401	 +	Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				60 75	5 Additional
22		27	27		5. Certificate of Status Desired	Fee	Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		May Be ed to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for	intangible tax under	rs 199.032,
24	25 g Name and Address of Current	29 Registered Agent	30		Florida Statutes 2 10. Name and Address of New Re	-	
		t trogistored Agent		B1 Name	10. Name and Addition of Non-	giotoi o a rigerii	
	KINSKY, ALAN 5 S.W. 16TH PLACE		L			(.)	
	CA RATON FL 33486		["	Street Ado	ddress (P.O. Box Number is Not Acceptable)		
(DOC	WITH ALL IN AND AND AND AND AND AND AND AND AND AN		Ī	B3			
			1	B4 City		- 85 Zi	ip Code
						FL	•
office or re	to the provisions of Sections 607.050? egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized	by the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	pt the appointment	as registered
SIGNATURE	Signature, typed or printed name of registered ager				uired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 1911	.f		[_] Chang	ge 📙 Addition
NAME	SERINSKY, ALAN		1.2 NA				
STREET ADDRESS	2225 S.W. 16TH PLACE		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486	DELETE		Y-SI-ZIP		Chang	ne Addition
TITLE			21 1/11	į į		ELI CHBHY	ic — voorior
NAME .			2.2 NAI	NEET ADDRESS	·		
STREET ADDRESS				Y-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	3.1 Tiff			☐ Chang	ge 🔲 Addition
NAME			3.2 NAI				
STREET ADDRESS			3.3 \$1F	REE1 ADDRESS			
CITY-ST-ZIP			3.4. CIT	IY-ST-ZIP			
TITLE		☐ DELETE	4.1 TIT	I.E.		Chang	ge 🔲 Addilion
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	REET ADORESS			
CITY-ST-ZIP	<u></u>	- Income		Y-ST-ZIP		Chan	- Addition
TITLE		L.) DELETE	5.1 TIT			☐ Chang	ge Addition
NAME			5.2 NAI				
STREET ADDRESS				HEET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CIT 6 1 TIT	Y-ST-ZIP		Chang	oe Addition
TITLE NAME		L_ Detrie	6.2 NA	i			,
STREET ADDRESS				REET ADDRESS			
	\wedge	1		Y-S1-ZIP			
CITY-ST-ZiP	by certify that the information supplied	d with this filing does not quali	ify for the	avamation state	ed in Section 119.07(3)(i), Florida Statute	es. I further certify the	nat the
informatio I am an o appears i	in indicated on this annual report or s fficer or director of the colporation or n Block 12 or Block 73 indhanged, d	uppilmental annual report is the diceiver or trusted empoy on an attachment with an ad-	true and a wored to e dress.	ccurate and the xecule this rep	at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as if made Statutes; and that m	under oath; th ny name