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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000064422 (4)

## WHOLISTIC COUNSELING SERVICES CME., INC.

Principal Place of Business Mailing Address 1426 HEIRLOOM DRIVE 1426 HEIRLOOM DRIVE ORLANDO FL 32808 ORLANDO FL 32818-5650 3. Date Incorporated or Qualified 3a. Date of Last Report 08/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For *5*9-3404**77** 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ₿1 Name COSTANTINO, LORI 1426 HEIRLOOM DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32308 83 84 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 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 It applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 1.1 TITLE COSTANTINO, CHERYL 1.2 NAME **5519 BAYSIDE DRIVE** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32819 1.4 CITY-ST-7IP CITY - ST - ZIP DELETE Addition Change TITLE 21 TITLE COSTANTINO, LORI NAME 2.2 NAME 1426 HEIRLOOM DRIVE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32808 2 4 City-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition **BROWN, CHARLES** NAME 3.2 NAME **6705 KING RAIL COURT** STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32810 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** DITY-ST-ZIP 54 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 color 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 copy ration or thy acciver it trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE.

appears in Block 12 or Block 13

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