

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

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Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000069329 (6)

1. Corporation Name
HEALTH AND WELLNESS, INC.



Principal Place of Business: 2965 BEE RIDGE ROAD #A SARASOTA FL 34239
Mailing Address: 2965 BEE RIDGE ROAD #A SARASOTA FL 34239-7113

3. Date Incorporated or Qualified: 08/20/1996
3a. Date of Last Report
4. FEI Number: 65-0694022
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 10681 Airport Pulling RD N Suite 24 NAPLES, FL 34109
2a. Mailing Address: 26 10681 Airport Pulling RD N Suite 24 NAPLES, FL 34109
22. Suite, Apt. #, etc.: Suite 24
27. Suite, Apt. #, etc.: Suite 24
23. City & State: NAPLES, FL
28. City & State: NAPLES, FL
24. Zip: 34109
25. Country
29. Zip: 34109
30. Country

9. Name and Address of Current Registered Agent
MORSE, F G
2965 BEE RIDGE ROAD #A
SARASOTA FL 34239

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	MORSE, GRANT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	10681 Airport Pulling RD N Suite 24		
1.3 STREET ADDRESS	NAPLES, FL 34109		
1.4 CITY - ST - ZIP			
2.1 TITLE	Ballachino, Sam	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	10681 Airport Pulling RD N - suite 24		
2.3 STREET ADDRESS	NAPLES, FL 34109		
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 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 an address.

SIGNATURE: Samuel R Ballachino 1-10-97 (941) 594-9412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)