

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

FILED

**Mar 25 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000069329 (6)
1. Corporation Name
HEALTH AND WELLNESS, INC.



Principal Place of Business 10681 AIRPORT PULLING ROAD NORTH SUITE 24 NAPLES FL 34109 US	Mailing Address 10681 AIRPORT PULLING ROAD NORTH SUITE 24 NAPLES FL 34109 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10681 Airport Rd N Suite, Apt. #, etc. 22 # 24 City & State 23 NAPLES FL Zip 24 34109 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 FL Zip 29 Country 30
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3. Date Incorporated or Qualified 08/20/1996	
4. FEI Number 65-0694022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MORSE, F/G
2085 BEE RIDGE ROAD #A
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

B1 Name MORSE GRANT
B2 Street Address (P.O. Box Number is Not Acceptable) 10681 Airport Rd N
B3
B4 City NAPLES
B5 Zip Code FL 34109

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]* DATE: **3/20/98**

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	MORSE, GRANT
STREET ADDRESS	10681 AIRPORT PULLING ROAD NORTH SUITE 24
CITY-ST-ZIP	NAPLES FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BALLACHINO, SAM
STREET ADDRESS	10681 AIRPORT PULLING ROAD NORTH SUITE 24
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/20/98**

CP2E034 (10/97)