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 # P96000076206 (7)

FROM HEART TO SOUL INTERNATIONAL, INC.

						<u> </u>			III
Principal Place of Business Mailing Address						4 10011201 110 10110 01111 00111 00111 00111 1	2010 BIIID 1181		
3110 LESUE DR P O BOX 561545						.			
ORLANDO FL 32806 ORLANDO FL 32856-154			6-1545			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						09/12/1996			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		Applied F	or
H		26				59-3417626	[_]	Not Appli	cable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Addition	
City & State		City & State						Required	
City & State		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Z ip	Col	ıntry	,	8. This corporation owes or has paid the c	urrent year	Intangible	•
4	25 29		30			Personal Property Tax due June 30.			
	9. Name and Address of Curre	ent Registered Agent	· · · · · · · · · · · · · · · · · · ·	<u> </u>	 -	10. Name and Address of New Registered	l Agent		
	JOHONEN, KATRINA M			81	Name				
3110 LESLIE DR ORLANDO FL 32806				82	Street Addr	ss (P.O. Box Number is Not Acceptable)			
U	NLAMUU FL 32806			83					
				84	- Cit.		05 7	- Code	
				04	City	FI	L 85 Zi	p Code	
12.	OFFICERS AND DIRECTORS			d Age	ant signature requi	DATE ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS AND ADD	ID DIRECT	ORS IN 12	2
TITLE	P	P DELETE 1.1		13. 1.1 TITLE 1.2 NAME		ADDITIONAL TANGES TO OFFICE AS A	Chang		
NAME	RUOHONEN, KATRINA M						-		
STREET ADDRESS 3110 LESLIE DR		1.3 \$		1.3 STREET ADDRESS					
OTTY-ST-ZIP ORLANDO FL 32806				4 CITY-ST-ZIP					
TITLE		☐ DELETE	2.1 T	2.1 TITLE			Change	e A	ddition
NAME			2.2 NAME		İ				
STREET ADDRESS			2.3 S	TREET	ADDRESS				
CITY-ST-ZIP		[] DELETE			ST - ZIP		770		4400-
TITLE							Change	ь П Ac	ddition
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CITY-ST-ZIP TITLE		DELETE		_	31 - FIL		Change	e 🔲 Ac	ddition
NAME			4.2 /		Ì		_ •		
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CITY-ST-ZIP	-ZIP 4.4		CITY-S1-ZIP						
TITLE	l		4.4 C	ITY-S	1-ZIP				
		DELETI			1 - ZIP		Change	e 🔲 Ac	dition
NAME		DELETI		TLE	it-ZIP		Chang	e 🗆 Ad	ddition
Name Street address		☐ DELETI	5.1 TJ 5.2 N	TLE	ADDRESS		Chang	e 🗌 Ad	ddition
STREET ADDRESS CITY-ST-ZIP			5.1 TI 5.2 N 5.3 S 5.4 CI	TLE AME PREET ITY - S					
STREET ADDRESS		☐ DELETE	5.1 TI 5.2 N 5.3 S 5.4 CI	TLE AME PREET ITY - S	ADDRESS		Change		

14. Thereby 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 arrival 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.

CATE INA. THE
6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

STREET ADDRESS

FILED

May 01 1998 8:00am

Secretary of State

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