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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000084675 (3)

1. Corporation Name

HEALTHY HORIZONS INC.



Principal Place of Business

701 S.W. CAPE CORAL PKWY.
CAPE CORAL FL 33914

Mailing Address

701 S.W. CAPE CORAL PKWY.
CAPE CORAL FL 33914-6575

2. Principal Place of Business

21 4712 SE 15th AVE

Suite, Apt. #, etc.

City & State

23 CAPE CORAL FL

Zip

24 33904

Country

25 LEE

2a. Mailing Address

26 4712 SE 15th AVE

Suite, Apt. #, etc.

City & State

28 CAPE CORAL FLORIDA

Zip

29 33904

Country

30 LEE

9. Name and Address of Current Registered Agent

IFANTIDES, CHRISTOS
701 S.W. CAPE CORAL PKWY.
CAPE CORAL FL 33914

3. Date Incorporated or Qualified

10/10/1996

3a. Date of Last Report

4. FEI Number

65-0705102

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

~~PRESIDENT
ALEYDA RAMIREZ
701 SW CAPE CORAL PKWY
CAPE CORAL FL 33914~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP

~~SECRETARY
JORDAN IFANTIDES
701 SW CAPE CORAL PKWY
CAPE CORAL FL 33914~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP

~~PRESIDENT
ALEYDA RAMIREZ
701 SW CAPE CORAL PKWY
CAPE CORAL FL 33914~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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~~PRESIDENT
ALEYDA RAMIREZ
701 SW CAPE CORAL PKWY
CAPE CORAL FL 33914~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP

~~SECRETARY
JORDAN IFANTIDES
701 SW CAPE CORAL PKWY
CAPE CORAL FL 33914~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***165.00

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5/19/97

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

CR2E034 (9/96)