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FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P 96000091302(1)
 1. Corporation Name
HEALGRANGE LIMITED INC

Principal Place of Business
**4150 KINGS STREET
 COCOA FLORIDA FL 32926**

Mailing Address
**4150 KINGS STREET
 COCOA FLORIDA FL 32926-4166**

3. Date Incorporated or Qualified
NOVEMBER 6, 96

3a. Date of Last Report

4. FEI Number
59-3410805

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

25 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent
CHHABRA, KRISHAN CHAND
4150 KING STREET
COCOA, FLORIDA FL 32926

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 FL

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 **CHHABRA, KRISHAN CHAND**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

12.1 TITLE DELETE

NAME **PS CHHABRA, KRISHAN CHAND**

STREET ADDRESS **4150 KING STREET**

CITY-ST-ZIP **COCOA FLORIDA FL 32926**

12.2 TITLE DELETE

NAME **D CHHABRA ANJALI**

STREET ADDRESS **4150 KING STREET**

CITY-ST-ZIP **COCOA FL 32926**

12.3 TITLE DELETE

12.4 TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2000002165652 Change Addition

-05/05/97--01039--041

*****165.00**

14. I do hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 checked, or on an attachment with an address.

CR2E034 (9/96)