

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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000092132 (5)

1. Corporation Name
WORLD WELLNESS, INC.

Principal Place of Business

11350 66TH ST N
SUITE 109
LARGO FL 34643

Mailing Address

11350 66TH ST N
SUITE 109
LARGO FL 34643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 36555 U.S. 19 No.
Suite, Apt. #, etc.

22

City & State

23 Palm Harbor, FL

Zip

24 34684

Country

25 U.S.A.

2a. Mailing Address

26 36555 U.S. 19 No.
Suite, Apt. #, etc.

27

City & State

28 Palm Harbor, FL

Zip

29 34684

Country

30 U.S.A.

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

59-3416410

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GARCIA, CARLOS M
11350 66TH ST N
SUITE 109
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name

Garcia, Carlos M.

82

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

36555 U.S. Hwy 19 No.

83

84

City

Palm Harbor

FL

85

Zip Code

34684

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]

(NOTE: Registered Agent signature required when reinstating)

4-8-98

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

NAME

GARCIA, CARLOS M

STREET ADDRESS

11350 66TH ST N SUITE 109

CITY - ST - ZIP

LARGO FL 34643

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ 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

D

Carlos M. Garcia, M.D.

36555 U.S. Hwy 19 No.

Palm Harbor, FL 34684

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

D

Jhon Lain

5128 Carey Rd.

Tampa, FL 33624

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

D

Tracy Boyer

8664 Longwood Dr.

Largo, FL 33777

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D

Margaret Ann Klee

1947 Susan Lane

Fort Mitchell, Ky 41011

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE

[Signature]

4-8-98 (813) 771-9610

CR2E034 (10/97)