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**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90198 022 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000097105

1. Corporation Name  
**NATIONAL HEALTH STYLES, INC.**

Principal Place of Business: 5740 HOLLYWOOD BLVD. SUITE 600 HOLLYWOOD FL 33021  
 Mailing Address: 5740 HOLLYWOOD BLVD. SUITE 600 HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22  
 23 City & State  
 24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified: 11/25/1996  
 4. FEI Number: 65-0712801 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 the current year intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent  
**SCHECTMAN, JENNIFER L.**  
**9050 PINES BLVD.**  
**STE. 385-A**  
**PEMBROKE PINES FL 33024**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 TITLE: D  
 NAME: ACOCELLA, ANGELO  
 STREET ADDRESS: 211 S.E. 8TH STREET  
 CITY-ST-ZIP: DANIA FL 33004  
 [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE: [ ] Change [ ] Addition  
 1.2 NAME: ACOCELLA ANGELO  
 1.3 STREET ADDRESS: 5740 HOLLYWOOD BLVD # 600  
 1.4 CITY-ST-ZIP: HOLLYWOOD FL, 33021  
 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:

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/14/99 954-964-9336  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)