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 # P97000019967 (3)

HEALTHY WORLD NETWORK, INC.

Principal Place of Business	Mailing Address
3600 LAKE BAYSHORE DRIVE. #408	3600 LAKE BAYSHORE DRIVE. #408
BRADENTON FL \$4205	BRADENTON FL 34205

FILED May 01 1998 8:00am Secretary of State



BRADENTON	ADENTON FL 34205 BRADENTON FL 34205		•	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					02/26/1997	, t	
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number	V Applied For	
21 26					Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
22 27					Fee Required		
City & State					6. Election Campaign Financing	\$5.00 May Be	
23	Country	28	1 000		Trust Fund Contribution	Added to Fees	
Žip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible		
24]	25 9. Name and Address of Curren	29 t Registered Agent	[30]		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
ANGCU, LINUA M							
] {	82 Street Address (P.O. Box Number is Not Acceptable)			
Drv	ADENIUM PL 34205		li li	33			
			٤	City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statu	tes, the ahr	ove-named co	rporation submits this statement for the purpose		
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized	by the corpor	ation's board of directors. I hereby accept the ap	pointment as registered	
-	m igitiliar with, and accept the obliga	mons of, addition out, out, in	ionua statu	(62)			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOI	TL: Registered A	Agent signature rec	ulred when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	1.1 TITL	E		☐ Change ☐ Addition	
NAME {	ANGELL, ROBERT M		12 NAM	le Í		(;	
STREET ADDRESS	REET ADDRESS 3800 LAKE BAYSHORE DRIVE, #408 135		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34205		1.4 CITY	-ST-ZIP			
TITLE	VT DELETE 2.1 T		2.1 TITL	E]		Change Addition	
HAME	ANGELL, LINDA M		2.2 NAM	IE			
STREET ADDRESS	- 3600 LAKE BAYSHORE DRIVE	, # 408	2.3 STRI	EET ADDRESS	S		
CITY-ST-ZIP	BRADENTON FL 34205		2. 4 CIT	Y-ST-ZJP			
TITLE		☐ DELETE	3.1 TITL	£		☐ Change ☐ Addition	
NAME			3.2 NAM	IE .			
STREET ADDRESS			3.3 STRI	EFT ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	E		Change	
NAME			4. 2 NAM	NE I			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE	DELETE 5.1 TIT		5.1 TITL			☐ Change ☐ Addition	
NAME			5.2 NAM	JE	, < 1		
STREET ADDRESS			5.3 STAI	EET ADDRESS	505/1		
CITY-ST-ZIP				-ST-ZIP			
TITLE		☐ DELETE	61 TITL		5000025094 -05/04/98010570		
NAME			6.2 NAM	IE	~U5/U4/98~~U1U5/~~L	in i	
STREET ADDRESS			6.3 STRE	ET ADDRESS	***150.00		

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 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, 17 on an attachment with an aridress.

SIGNATURE:

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Kindo M. (Invell

1122/98

941-741-4605