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

PROFIT CORPORATION, ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000026200 (0)

CAPE CORAL WELLNESS, INC.

## FILED Mar 30 1998 8:00am Secretary of State



Principal Plac	Principal Place of Business Mailing Address					a reduider und abust deuts deuts deuts blau deuts viaco avur utals bass dans nom						
2930-A DEL PRADO BLVD				2930-A DEL PRADO BLVD								
CAPE CORAL FL \$3904			CAPE	CAPE CORAL FL 33904				DO NOT WRITE IN THIS SPA	DO NOT WRITE IN THIS SPACE			
i I								3. Date Incorporated or Qualified				
								03/24/1997				
	Place of Business	0 000	28. Ma	iling Address				4. FEI Number	I A	pplied For		
21 29 30	JA ORLA	rockshi	26					65-0734259	<del></del>	lot Applicable		
Suite, Apt.	uli A		Suit	le, Apt. #, etc.				5. Certificate of Status Desired		Additional Required		
City & Stal	ite A	.5/	City	/ & State				6, Election Campaign Financing	\$5.00	May Be		
23 (1)	ne Clas	92	28	· ·	1 8			Trust Fund Contribution		to Fees		
zip 3 3°	1/11/ H	buntry	Zip		Cou	intry	•	This corporation owes or has paid the curren     Personal Property Tax due June 30.		ntangible 		
24	9 Name and A	ddress of Curren	29 It Registere	d Agent	[30]			Personal Property Tax due June 30.		טוו נייו		
I A	<del></del>					61	Name					
LAVALLE, CHRISTINE 2930-A DEL PRADO BLVD						B2 Charl Address (D.O. Dav Nursber in Not Assessed						
CAPE CORAL FL 33904						82	Street	Address (P.O. Box Number is Not Acceptable)				
"	H P POINT I L U	TVVT				83				-		
						84	City		B5 Zip	Code		
								FL				
11, Pursuant	to the provisions of	Sections 607.050	2 and 607.19	508, Florida Statu	les, the at	OOVE	-named	d corporation submits this statement for the purpose of chrporation's board of directors. I hereby accept the appoin	anging	its registered		
agent I a	am familiar with, and	accept the obliga	ations of, Sec	ction 607.0505, FI	orida Stat	utes		rpolation's doald of directors. Thereby accept the appoint	UTIONIC OF	2 inflictorers		
SIGNATURE		<b></b>		·								
10	Signature, typed or printe	name of registered age OFFICERS ANI			13.	Age	ni s:gnalure	re required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND D	IDECTO	DS IN 12		
_12.	DIE VITOR -	Presiden	77	DELETE	1.1 70	rle		ILLE PRESIDENT	Change			
NAME	CHRISTINE	CLAUM	سسي .		1.2 NA			THE PLANANT	•			
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CITY-ST-ZIP					6.4 CI							
UIT-SI-ZIP	portification the inform	nation aumaliad w	ille this files	does not a selft if				and in Creation 440 07/03(i). Florida Statutos, Literatura contife	t that th	a information		

4. 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.

MANAGER STATE OF THE STATE OF T

10C 941-540-4/300