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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000026200

CAPE CORAL WELLNESS, INC.

Suite, Apt. #, etc.  22 27 City & State City & State  28 Country Zip Country 29 20 20 21 Country 20 21 Country 21 22 23 24 25 29 20 30 Country 30 20 20 20 20 20 20 20 20 20 20 20 20 20	cable nal e
CAPE CORAL FL 33904 US  3. Date Incorporated or Qualifed 03/24/1997  4. FEI Number 65-0734259  Suite, Apt. #, etc. Suite, Apt. #, etc.  City & State City & State  Zip Country Zip Country Zip Country Zip Country Zip Country 23 Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt. #, e	cable nal e
CAPE CORAL FL 33904 US  3. Date Incorporated or Qualifed 03/24/1997  2. Principal Place of Business 26 26 3. Date Incorporated or Qualifed 03/24/1997  4. FEI Number 65-0734259 Not Applied F 65-0734259 Not Applied F 65-0734259 Not Applied F 65-0734259 Suite, Apt. #, etc. 27  City & State Cit	cable nal e
2. Principal Place of Business 3. Applied F 65-0734259  3. Certificate of Status Desired 3. Fee Required 4. FEI Number 6. Certificate of Status Desired 3. Fee Required 4. FEI Number 6. Election Campaign Financing 3. Trust Fund Contribution 4. FEI Number 6. Election Campaign Financing 4. FEI Number 6. Election Campaign Financing 5. On May E 7. Trust Fund Contribution 8. This corporation owes the current year Intangible 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	cable nal e
2. Principal Place of Business 2. Mailing Address 3. Mailing Address 4. FEI Number 65-0734259  Not Applied F 65-0734259  Not Applied F 65-0734259  Suite, Apt. #, etc. 2. Certificate of Status Desired Fee Required Fee Required Trust Fund Contribution Fee Required City & State 2. City & State Country	cable nal e
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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  Sign  Sign Sign	nal e
Suite, Apt. #, etc.  22 22 27 City & State City & State 28 Country Zip Country Zip Country 25 29 20 20 Country 20 20 Country 21 22 Country 22 23 24 25 29 20 20 20 20 20 20 20 20 20 20 20 20 20	e :
City & State  Country  Country  Solution  Added to Fees  Added to Fees  Solution  Added to Fees  Country  Solution  Added to Fees  Personal Property Tax.  Yes No  Personal Property Tax.  Solution  Yes No  No  Name and Address of New Registered Agent	
Trust Fund Contribution Added to Feer  Zip Country Zip Country 8. This corporation owes the current year Intangible  Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent  Trust Fund Contribution Added to Feer  8. This corporation owes the current year Intangible  Personal Property Tax. Yes No  10. Name and Address of New Registered Agent	
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
24 25 29 30 Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
24   Z5   Z9   30   10. Name and Address of New Registered Agent   10. Name and Name a	
5. Name and Address of Confett Register Vigen.	
81 Name	
LAVALLE, CHRISTINE  82 Street Address (P.O. Box Number is Not Acceptable)	
2930-A DEL PRADO BLVD  82 Street Address (P.O. Box Number is Not Acceptable)	
CAPE CORAL FL 33904 83	$-\neg$
84 City FL 85 Zip Code	
	ered
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 regist 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, 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, or both, in the State of Florida. Statutes	d
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
and the second s	_ i
Signature, typed or printed name of registered agent and title if applicable. [NOTE: registered regist signature required in Signature, typed or printed name of registered agent and title if applicable.	12
12. Change	Addition
me DP	
NAME LAVANE, CHRISTINE 12 NAME	]
STREET ADDRESS 4725 HOLLINGSWORTH AVE 1.3 STREET ADDRESS	ļ
CITY-ST-ZIP SARASOTA FL 33904 14 CITY-ST-ZIP Change	Addition
TILE VP DELETE 2.1 TITLE	Addition
NAME LAVANE, JON P 22 NAME	ļ
STREET ADDRESS 4725 HOLLINGSWORTH AVE 2.3 STREET ADDRESS	
274 CTV 77 SARASOTA FL 33904	<u> </u>
□ DELETE ■31TIBE	Addition
32 NAME	
STREET ADDRESS  3.3 STREET ADDRESS	
34, CITY-ST-ZIP	
CITY-ST-ZIP 33.CITY-ST-ZIP	Addition
4 2 NAME	
NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS	
SIRCELADURESS	
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TITLE 52 NAME	
STREET ADDRESS         4725 HOLLINGSWORTH AVE         2.3 STREET ADDRESS           CITY-ST-ZIP         SARASOTA FL 33904         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE           NAME         3.2 NAME	<u>]</u> ,

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

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 suppliemental 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, with all other like empowered.

**FILED** 

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90079 008 \*\*\*150.00

Addition

☐ Change