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

FILED
Jun 15 1998 8:00am
Secretary of State

DOCUMENT # P97000034604

1. Corporation Name

A WELLNESS ALTERNATIVE, INC

Principal Place of Business: PO Box 490625 FORT LAUDERDALE, FL 33349

Mailing Address: PO BOX 490625 FORT LAUDERDALE, FL 33349

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

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4-23-1997

4. FEI Number: 65-0755791 — 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

RICHARD SHOEMAKER CPA
2550 E. OAKLAND PARK BLVD.
#202
FORT LAUDERDALE, FL 33306

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 617.0502, 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 of Registered Agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	RICHARD D. ROSENDAHL Sr	
STREET ADDRESS	PO BOX 490625	
CITY-ST-ZIP	FT. LAUDERDALE, 33349	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	MARY RYAN NEWMAN	
STREET ADDRESS	PO BOX 490621	
CITY-ST-ZIP	FT. LAUDERDALE, 33349	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS	16 Laredo Place	
1 CITY-ST-ZIP	Davie, FL 33324	
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS	16 Laredo Place	
2 CITY-ST-ZIP	Davie, FL 33324	
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

LS
6.15

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***150.00

CR2E034 (10/97)

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 report or supplemental 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.

SIGNATURE: [signature] — 5-20-98 — 954-476-7658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #