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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102563 (8)

WELLNESS CONCEPTS OF DAYTONA BEACH FLORIDA, INC.

Principal Place of Business

Mailing Address

## Mar 02 1998 8:00am Secretary of State



| 301 KENILWORTH AVE. SUITE B<br>ORMOND BEACH FL 32174  | 301 KENILWORTH AVE. SUITI<br>ORMOND BEACH FL 32174 | E B                              | DO NOT WRITE IN THI   | S SPACE                           |
|---|--|----------------------------------|---|-----------------------------------|
|   |  |                                  | 3. Date Incorporated or Qualified 12/05/1997                                  | /                                 |
| 2. Principal Place of Business  | 2a. Mailing Address                                |                                  | 4. FEI Number   | Applied For                       |
| 21 555 W. Graph Bhe #GL   | 26 SAME  |                                  |   | Not Applicable                    |
| Suite, Apt. #. etc.   | Suite, Apt. #, etc.                                |                                  | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Regulred |
| City & State  23 Ormonel Beh Fr   | City & State                                       |                                  | Election Campaign Financing     Trust Fund Contribution                       | \$5.00 May Be<br>Added to Fees    |
| Zip Countr/   | 7ip  | Country                          | This corporation owes or has paid the operation and Property Tax due June 30. | current year Intangible           |
| g. Name and Address of Current  | 1-1  | 1                                | 10. Name and Address of New Registers   | d Agent                           |
| CULLERS, JEFFREY M 81 Name (1/12)   |  |                                  |   |                                   |
| 301 KENILWORTH AVE, SUITE B   |  | 20 00000                         | MUSTO, UERTICAY   | 70                                |
| ORMOND BEACH FL 32174   |  | 82 Street Add                    | ress (P.O. Box Number is Not Acceptable)                                      | 122 #G6 1                         |
| ONMOND DENOTITE VETTY   |  | 83                               | UCST C WOODS  |                                   |
|   |  |                                  |   | 1-1                               |
|   |  | 84 City                          | uand Redu ! F   | L  85 3351394                     |
| 11. Pursuant to the provisions of Sections 607.0502   | and 607.1508, Florida Statutes, I                  | he above-named cor               | poration submits this statement for the purpose                               | of changing its registered        |
| office or registered agent, or both, in the State of agent. I am familiar with, and am epitholobligat | l Florida. Such change was autho                   | orized by the corpora            | ation's board of directors. I hereby accept the a                             | ppointment as registered          |
| 1 1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1   | <b>1</b> 0   | Catalolos.                       | $\gg l_1$   | 100                               |
| SIGNATURE Structure, typed or printed name of repistered agent  | and the if applicable (NOTE: Reg                   | islared Agent signature requ     | uired when reinstating) DATE  | /(_V                              |
| 12. OFFICERS AND  |  | 13.                              | ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTORS IN 12                |
| TITLE D   | ☐ DELETE   | 1.1 TITLE                        |   | ☐ Change ☐ Addition               |
| NAME CULLERS, JEFFREY M   |  | 1.2 NAME                         |   |                                   |
| STREET ADDRESS 301 KENILWORTH AVE, SUITE  | В  | 1.3 STREET ADDRESS               | •   |                                   |
| CITY-ST-ZIP ORMOND BEACH FL 32174   | ·  | 1.4 City-St-ZiP                  |   |                                   |
| TITLE   | DELETE   | 21 TITLE                         |   | Change Addition                   |
| NAME  |  | 2.2 NAME                         |   |                                   |
| STREET ADDRESS  |  | 2 3 STREET ADDRESS               | ₹ ••  |                                   |
| CITY-ST-ZIP   |  | 2 4 CITY-ST-ZIP                  |   |                                   |
| TITLE   | DELETE   | 31 TITLE                         |   | Change Addition                   |
| NAME  |  | 3.2 NAME                         |   |                                   |
| STREET ADDRESS  |  | 3.3 STREET ADDRESS               |   |                                   |
| CITY-S1-ZIP   | :  | 3.4. CITY-ST-ZIP                 |   |                                   |
| TITLE   | DELETE   | 4.1 TITLE                        |   | Change Addition                   |
| NAME  | <del></del>  | 4. 2 NAME                        |   |                                   |
| STREET ADDRESS  |  | 4.3 STREET ADDRESS               |   | <u> </u>                          |
|   |  | 4.4 CITY-ST-ZIP                  |   |                                   |
| CITY-ST-ZIP   | DELETE   | 5.1 TiTLE                        |   | ☐ Change ☐ Addition               |
| NAME  | _  | 5.2 NAME                         |   |                                   |
|   |  | 5.3 STREET ADDRESS               |   |                                   |
| STREET ADDRESS  |  |                                  |   |                                   |
| CITY-ST-ZIP   | DELETE   | 5.4 CITY - ST - ZIP<br>6.1 TITLE |   | ☐ Change ☐ Addition               |
|   | Land Occup   | 6.2 NAME                         |   |                                   |
| NAME  |  |                                  |   |                                   |
| STREET ADDRESS  |  | 6.3 STREET ADDRESS               |   |                                   |
| City-S1-ZiP   |  | 6.4 CITY-ST-ZIP                  | n Section 119.07(3)(i), Florida Statutes. I further                           |                                   |

indicated on this annual report or supplemental arriual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar 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 within address.

GNATURE:

GNATURE: