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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800001539 1. Corporation Name

INNER JOURNEY, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90023 009 ***150.00



Principal Place of Business Mailing Address									
5801 S.W. 74TH			5801 S.W. 74TH TERRACE SOUTH MIAMI FL 33143						
SOUTH MIAMI	FL 33143	SOUTH MIAM? FL 33143				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qual	fed		
						01/07/1998			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	-	Apr	olied For
21		26 5801 C TJ	26 5801 S. W. 74th Terrace Suite, Apt. #, etc.			65-0804836		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				T-E	reacce g	5. Certifcate of Status Desire	a 🗇	\$8.75 A	,
27 Unit 11				MUNER ET		J. Certificate of Status Desire		. Fee Red	uired
City & State	9	City & State				6. Election Campaign Finance	ing 🖂	\$5.00	- 1
23						Trust Fund Contribution		Added to	Fees
Zip	Country		Country			8. This corporation owes the	current year Int		
24		25 29 33143 30		U.S.A.		Personal Property Tax.	Da alakanan		□No
	9. Name and Address of Cui	rrent Registered Agent		81	Name	10. Name and Address of No	w Registered	Agent	
GRE	ENBERG, STEVEN M			_ '					
	S.W. 45TH STREET		82 Street Address (F			ss (P.O. Box Number is Not Acc	eptable)	,	
	E 6151A		83			The state of the s	d* Sociality in		
	E FL 33314		İ	•			and that the	- (1 m) - 1 4 m	1
DAVI	L 1 L 000 14		Ī	84 (City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	ites, the ab	ove-n	named corpor	ration submits this statement for	the purpose of	changing its	registered
office or re	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was :	authonzed	by the	e corporation	's board of directors. I hereby a	ccept the appoi	ntment as reg	jistered
-	mamiliar with, and accept the oc	iligations of, Section 607.0000, 11	orida oldia						ĺ
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered	Agent si	ignature required v		DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	PTSD	☐ DELETE	1.1 717	LE				☐ Change	Addition
NAME	York, Valerie		1.2 NA	ME		/			ļ
STREET ADDRESS	5801 S.W. 74TH TERRACE	#11	1.3 STF	REETAC	DORESS				1
CITY-ST-ZIP	SOUTH MIAMI FL 33143		1.4 CIT	Y-ST-Z	ZIP				
TITLE	VPD	☐ DELETE	2.1 TIT	LE		•		☐ Change	Addition
NAME	ZIMMERMAN, LEONARD		2.2 NA	ME					1
STREET ADDRESS	5801 S.W. 74TH TERRACE	#11	2.3 STF	REETAD	DORESS	· (· .	. }
CITY-ST-ZIP	SOUTH MIAMI FL 33143			ry-st-z	ZIP	· · · · · · · · · · · · · · · · · · ·			Addition
TITLE		☐ DELETE	3.1 TITI	LE			•	☐ Change	Addition
NAME	ı		3.2 NA	ME					• {
STREET ADDRESS			3.3 ST	REET AL	DORESS	,			
CITY-ST-ZIP				ry-st-z	ZIP				. ☐ Addition
TITLE		☐ DELETE	4.1 111					☐ Change	AGGILLOTI
NAME			4.2 NA						
STREET ADDRESS			4.3 STF	REET AC	DORESS				
CITY-ST-ZIP		F-1	_	Y-ST-Z	IP			[**] Change	☐ Addition
TITLE		☐ DELETE	5.1 TITT					□ cuari∂s	
NAME			5.2 NAJ		NODECC	•	•		
STREET ADDRESS			4		DORESS				ļ
CITY-ST-ZIP		[] per eee	5.4 CIT 6.1 TITI	Y-ST-Z	TF .		· -	Change	Addition
TITLE		☐ DELETE	•						
NAME			6.2 NA		000000			٠,	
STREET ADDRESS					DORESS				}
CITY-ST-ZIP			6.4 CIT	Y-ST-Z	네 🕴	9			

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 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 of 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 of on an attachment with an address, with all other like empowered.

SIGNATURE: