


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90176 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000008200		
1. Corporation Name WORLD WELLNESS TECH CENTERS, INCORPORATED		



Principal Place of Business 36555 US HIGHWAY 19 NORTH PALM HARBOR FL 34684	Mailing Address 36555 US HIGHWAY 19 NORTH PALM HARBOR FL 34684
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/20/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3504016	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GARCIA, CARLOS M 8664 LONGWOOD DR. LARGO FL 33777			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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, CARLOS M	1.2 NAME	GARCIA, CARLOS M
STREET ADDRESS	8664 LONGWOOD DR.	1.3 STREET ADDRESS	36555 US HWY 19N
CITY-ST-ZIP	LARGO FL 33777	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRES/ SEC/ CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAIN, JHON T	2.2 NAME	LAIN, JHON T
STREET ADDRESS	5128 CAREY ROAD	2.3 STREET ADDRESS	36555 US HWY 19N
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	RIVERS, CHARLES D	3.2 NAME	
STREET ADDRESS	23907 FOREST GREEN PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL 34639	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JUNG CATHERINE
STREET ADDRESS		4.3 STREET ADDRESS	36555 US HWY 19N
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR/EXEC VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	LAIN, ANITA D
STREET ADDRESS		5.3 STREET ADDRESS	36555 US HWY 19N
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)