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

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## **PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Kathorihe Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800008200

1. Corporation Name WORLD WELLNESS TECH CENTERS, INCORPORATED								
Drivers Olean	a of Business	Mailing Address			- I (BARIDAN IAM résid) (Biti) malit galat a	I Briff A Birri II Birah Intra 1681	I MBHIC ANN 1991	
Principal Place		•	DTU					
38555 US HIGHWAY 19 NORTH 38555 US HIGHWAY 19 NORTH PALM HARBOR FL 34684 PALM HARBOR FL 34684								
ENTRE EMINOR LE AZONA ENTRE EL PARTE ENTRE LE ANAGA					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
Ì					01/20/1998_			
2. Principal P	face of Business	2a. Mailing Address		•	4. FEI Number	A A	pplied For	
21		26			59-350401		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5. Certificate of Status Desired		Additionat equired	
City & State	le	City & State			i & Elaction Compaign Financian	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current	year Intangible		
24	25	29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	istered Agent		
			81	Name			·	
	ICIA, CARLOS M I LONGWOOD DR.		82	Street Addn	Address (P.O. Box Number is Not Acceptable)			
	GO FL 33777		83					
J			L					
			84	1		FL	Code	
11. Pursuant	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.							
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statutes	i.	,	• •	·	
_								
SIGNATURE							\ .	
	Signature, typed or printed name of registered agen		Registered Ager	nt signatura required	i when reinstating)	DATE	l <u>.</u>	
12.	OFFICERS AN	D DIRECTORS	Registered Ager	nt signatura required	when reinstating)	ERS AND DIRECTO	l <u>.</u>	
12.	OFFICERS AN		Registered Ages 13. 1,1 TITLE	nt signatura required	ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
12.	OFFICERS AN D GARCIA, CARLOS M	D DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME	nt signatura required	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	ORS IN 12	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D GARCIA, CARLOS M 8664 LONGWOOD DR. LARGO FL 33777 D LAIN, JHON T 5128 CAREY ROAD	D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE	T ADDRESS T ADDRESS T ADDRESS	When reneating) ADDITIONS/GHANGES TO OFFICE ACIA, CARLOS M STS US HENY 1900 MUM HAARD, FU TO PRESISE / SEC/CFC	ERS AND DIRECTO  Change  34689  Telerange	DRS IN 12	
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14. Thereby 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: <