


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
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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		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1998	
21	26	4. FEI Number 59-3504016		Applied For Not Applicable	
22. Suits, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		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			
				85 FL		86 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 _____ (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 <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 REPEL UP <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: Jhon T. Lain Jhon T. Lain VP/SEC/CFO 3-1999 727-771-9669
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)