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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90200 018 ***150.00

DOCUMENT # P98000023892 1. Corpora ion Name

OPTIMUM HEALTH & PERFORMANCE, INC.

Principal Place of Business Mailing Address 1749 LONG BOW LANE CLEARWATER FL 33764 DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed 03/12/1998 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Mailing Address 4. FEI Number 59 - 3,563 2 Not Applicable Fee Required \$8.75 Arkditional Fee Required	0							
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Zip	_		— ·			1 - 11	-	, 1
25 29 30 Persor al Property Tax. SYes No								
9. Name and Address of Current Registered Agent WALL, DAVID 1749 LONG BOW LANE CLEARWATER FL 33764 88 Street Ac dress (P.O. Box Number is Not Acceptable) 1749 LONG BOW LANE CLEARWATER FL 33764 88 Street Ac dress (P.O. Box Number is Not Acceptable) 175 Pursuant to the provisions of Scictions 607.050°, and 607.1508. Florida State ies, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. are affailar with, and accept the obligation of, Section 607.050°, by the corporation's board of directors. I hereby accept the apprintment as registered agent. are affailar with, and accept the obligation of, Section 607.050°, by the corporation's board of directors. I hereby accept the apprintment as registered agent. are affailar with, and accept the obligation of, Section 607.050°, by the corporation's board of directors. I hereby accept the apprintment as registered agent. I am affailar with, and accept the obligation of, Section 607.050°, by the corporation's board of directors. I hereby accept the apprintment as registered agent. I am affailar with, and accept the obligation of, Section 607.050°, by the corporation's board of directors. I hereby accept the apprintment as registered agent. I am affailar with, and accept the obligation of, Section 607.050°, by the corporation's board of directors. I hereby accept the apprintment as registered agent. I am affailar with, and accept the obligation of Section 607.050°, by the corporation's board of directors. I hereby accept the apprintment as registered agent. I am a provide a pro	<u> </u>			30		Persor al Property Tax.		
WALL, DAVID 1749 LONG BOW LANE CLEARWATER FL 33764 82 Street Ac dress (P.O. Box Number is Not Acceptable) 13. Pursuant to the provisions of Sirctions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the aprointment as registered agent. I am familiar with, and accept the obligation sof, Section 607.0505. Florida Statutes. SIGNATURE Signature, typed or protect is not of registered agent and still applicable. POS ERegistered Agent Egretium registered agent and still applicable. POS ERegistered Agent Egretium registered agent and still applicable. POS ERegistered Agent Egretium registered agent and still applicable. POS EREGISTATION STATE CONTROLL AND CO						10. Name and Address of New Register	Ed Agent	
17.49 LONG BOW LANE CLEARWATER FL 33764 82 Street AC Gress (F.O. BD) Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuint to the provisions of Sictions 607.0503 and 607.1508, Florida Statutes, the above-named composition's board of intectors. I hereby accept the approximent as registered agent, or both, in the State of Florida, Such change was suthorized by the corporation submits itsis statement for the purpose of changing its registered agent, and arrived with, and an accept the obligations of, Section 607.0505, Florida Statutes. 91				8	1 Name			
11. Pursuant to the provisions of Srictions 607.050; and 607.1506. Florida Stati tes, 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 subhotzed by the corporation submits this statement for the purpose of changing its registered office or registered agent, and familiar with, and an open the obligations of . Section 607.1506. Florida Stati tes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and familiar with, and an open the obligations of . Section 607.9505, Florida Statities. 12.	WAL	l, david		8	2 Street /	Acdress (P.O. Box Number is Not Acceptable)		
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14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 signal are 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 adjactment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

727 507 9571