

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90138 027 \*\*\*150.00

DOCUMENT # P98000028138

1. Corporation Name

WELLNESS INSTITUTE OF RESEARCH AND EDUCATION, IN  
C.

Principal Place of Business

2107 NW 5TH AVE  
WILTON MANORS FL 33311

Mailing Address

2107 NW 5TH AVE  
WILTON MANORS FL 33311



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1998

4. FEI Number

650820575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2430 NASSAU LANE  
Suite, Apt. #, etc.

2a. Mailing Address

26 2430 NASSAU LANE  
Suite, Apt. #, etc.

City & State

23 FT LAUDERDALE FL  
Zip Country

City & State

28 FT LAUDERDALE FL  
Zip Country

24 33312

25

29 33312

30

9. Name and Address of Current Registered Agent

SHARROW, J S  
2107 NW 5TH AVE  
WILTON MANORS FL 33311

10. Name and Address of New Registered Agent

81 Name

KATHRYN MICKLE

82 Street Address (P.O. Box Number is Not Acceptable)

2430 NASSAU LANE

83

FT LAUDERDALE

84 City

FL

85 Zip Code

33312

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

Kathryn Mickle

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 10/99

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 (11/98)