

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

05-05-1999 90176 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Morris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000031389

1. Corporation Name

WORLD WELLNESS INTERNATIONAL, INCORPORATED

Principal Place of Business
 36555 U.S. HWY 19 NORTH
 PALM HARBOR FL 34684

Mailing Address
 36555 U.S. HWY 19 NORTH
 PALM HARBOR FL 34684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	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		10. Name and Address of New Registered Agent	
GARCIA, CARLOS M 8664 LONGWOOD DR. LARGO FL 33777		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	PRES / 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 19 N
CITY-ST-ZIP	LARGO FL 33777	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRES / SEC / CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	LAIN, JHONT
STREET ADDRESS		2.3 STREET ADDRESS	36555 US HWY 19 N
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	JUNG, CATHERINE
STREET ADDRESS		3.3 STREET ADDRESS	36555 US HWY 19 N
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR / EXEC VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	LAIN, ANITA D.
STREET ADDRESS		4.3 STREET ADDRESS	36555 US HWY 19 N
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 (11/98)