

FILE NOW: FILING-FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Hargis Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAR -4 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P98000056465

1. Corporation Name
HEALTH XTRA, INC.

Principal Place of Business

Mailing Address

600 EAST COAST AVENUE
LANTANA FL 33464

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LANTANA FL 33464

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1998

4. FEI Number

65-0886419

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X No

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

□ Change

X Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

D
RABINOWITZ, MAYNARD
600 EAST COAST AVENUE
LANTANA, FL 33464

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

D
NELSON, PETER
600 EAST COAST AVENUE
LANTANA, FL 33464

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

D
BLICKSILVER, HARVEY
600 EAST COAST AVENUE
LANTANA, FL 33464

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

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****158.75 ****158.75

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

□ Change

□ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

□ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER NELSON

2/22/99

561-540-1000

Date: Daytime Phone #

CR2E034 (11/98)