

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 22, 1999 8:00 am
Secretary of State

03-22-1999 90034 001 ***150.00

DOCUMENT # P98000080463

1. Corporation Name

WELLNESS LIFETIME RESOURCES, INC.

SEE
CORPORATE
AMENDMENT



NORTHEAST
Principal Place of Business
2500 N.E. 40TH STREET
FT. LAUDERDALE FL 33308
FORT USA

Mailing Address
2500 N.E. 40TH ST.
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1998

4. FEI Number

0902302
65-09230

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 2500 NORTHEAST 40th Street

Suite, Apt. #, etc.

22 City & State
23 Fort Lauderdale FL

24 Zip 33308-6223

Country U.S.

2a. Mailing Address

26 90 GRUBER AND ASSOCIATES, P.A.

Suite, Apt. #, etc.

27 1650 Southeast 17th Street, #301

28 City & State
FORT LAUDERDALE FL

29 Zip 33316-1731

Country U.S.

9. Name and Address of Current Registered Agent

TURNER JUDITH A.
2500 N.E. 40TH STREET
FT. LAUDERDALE FL 33308
FORT NORTHEAST

81 Name

JUDITH A. TURNER

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

2500 NORTHEAST 40th STREET

83

84 City

FORT LAUDERDALE FL

85 Zip Code

33308-6223

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

TITLE D/P ☐ DELETE

NAME TURNER JUDITH A.

STREET ADDRESS 2500 N.E. 40TH STREET

CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE D/P ☐ DELETE

NAME TURNER VERNON P.

STREET ADDRESS 2500 N.E. 40TH STREET

CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition

1.2 NAME A.

1.3 STREET ADDRESS 2500 NORTHEAST 40th STREET

1.4 CITY-ST-ZIP FORT 33308-6223

2.1 TITLE D/P ☒ Change ☐ Addition

2.2 NAME P.

2.3 STREET ADDRESS 2500 NORTHEAST 40th STREET

2.4 CITY-ST-ZIP FORT 33308-6223

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

3/16/99

954-522-2222

Date

Daytime Phone #

CR2E034 (11/98)