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000790

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 26 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000104342**

1. Corporation Name
HEALTH FUEL CENTER, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 16274 SAN DIEGO CA 92176	POST OFFICE BOX 16274 SAN DIEGO CA 92176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/15/1998

4. FEI Number
Applied For
[X] 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 [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: Paralegal & Attorney Service Bureau, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1406 Hays St., Suite 2
83
84 City: Tallahassee FL 85 Zip Code: 32301

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] Kathleen J. Hill, Pres. DATE: 4/26/99
Signature, Typed or printed name of Registered Agent and title if applicable (Date: Registered Agent's signature required for items 10 and 11)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	[ ] DELETE
NAME	MALLINDER, MICHAEL A	
STREET ADDRESS	POST OFFICE BOX 16274	
CITY-ST-ZIP	SAN DIEGO CA 92176	
TITLE	D	[ ] DELETE
NAME	MECCA, MICHELE A	
STREET ADDRESS	POST OFFICE BOX 16274	
CITY-ST-ZIP	SAN DIEGO CA 92176	
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

11 TITLE	[ ] Change [ ] Addition
12 NAME	a00000285954B--8
13 STREET ADDRESS	-04/30/99--01145--025
14 CITY-ST-ZIP	****158.75
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	a00000285954B--8
33 STREET ADDRESS	-04/30/99--01145--025
34 CITY-ST-ZIP	****158.75 ****158.75
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

CR2E034 (11/98)

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] Michael Mallinder 4/22/99 619-889-4719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #