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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S23824** **(3)**

1. Corporation Name
HEALTHY ATTITUDES OF TAMPA, INC.

Principal Place of Business	Mailing Address
7721 W. HILLSBOROUGH AVE. TAMPA FL 33615	7721 W. HILLSBOROUGH AVE. TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1991

2. Principal Place of Business
21 3004 W. HAWTHORNE RD
22 Suite, Apt. #, etc:
23 City & State: TAMPA FL
24 Zip: 33611 25 Country:

2a. Mailing Address
26 3004 W. HAWTHORNE RD
27 Suite, Apt. #, etc:
28 City & State: TAMPA FL
29 Zip: 33611 30 Country:

4. FEI Number: 59-3041618 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ABBAS, SUSAN
7721 W. HILLSBOROUGH AVE.
TAMPA FL 33615

10. Name and Address of New Registered Agent
81 Name: MOON, SUSAN
82 Street Address (P.O. Box Number is Not Acceptable): 3004 W. HAWTHORNE RD.
83
84 City: TAMPA FL 85 Zip Code: 33611

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Susan Moon (Signature, typed or printed name of individual who signed above, 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	PVTS	☐ DELETE	1.1 TITLE	PVTS	☒ Change ☐ Addition
NAME	ABBAS, SUSAN		1.2 NAME	MOON, SUSAN	
STREET ADDRESS	7721 W. HILLSBOROUGH AVE.		1.3 STREET ADDRESS	3004 W. HAWTHORNE RD	
CITY-ST-ZIP	TAMPA FL 33615		1.4 CITY-ST-ZIP	TAMPA FL 33611	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Susan Moon 3/12/98 813-831-8138