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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90003 043 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S23824

1. Corporation Name

HEALTHY ATTITUDES OF TAMPA, INC.

Principal Place of Business

3004 W. HAWTHORNE RD
TAMPA FL 33611
US

Mailing Address

3004 W. HAWTHORNE RD
TAMPA FL 33611
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1991

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 the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 17731 Rivendel Rd

Suite, Apt. #, etc.

22

City & State

23 Lutz, FL

Zip

24 33549

Country

25 US

2a. Mailing Address

26 3225 S. MacDill Ave.

Suite, Apt. #, etc.

27 129-321

City & State

28 Tampa, FL

Zip

29 33629-8171

Country

30 USA

9. Name and Address of Current Registered Agent

MOON, SUSAN

3004 W. HAWTHORNE RD
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

MOON, SUSAN

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

17731 Rivendel Rd

83

84 City

Lutz

FL

85 Zip Code

33549

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

Susan Moon

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/99

12. OFFICERS AND DIRECTORS

TITLE PVTS ☐ DELETE

NAME MOON, SUSAN

STREET ADDRESS 3004 W. HAWTHORNE RD

CITY-ST-ZIP TAMPA FL 33611

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 PVTs ☒ Change ☐ Addition

1.2 NAME MOON, SUSAN

1.3 STREET ADDRESS 17731 Rivendel Rd.

1.4 CITY-ST-ZIP Lutz, FL. 33549

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Susan Moon

Date

1-15-99 813-831-8138

Daytime Phone #

CR2E034 (11/98)

0400083