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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S36512

(9)

DOCUMENT # 1. Corporation Name	S36512		(
HEALTH & REALITY	ACUPUNCTURE	CLINIC	INC.

HEALTH & BEAUTY ACUPUNCTURE CLINIC INC. Principal Place of Business Mailing Address 2601 N FLAGLER DR STE 304 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407						
US PALM	BEACH FL 33407	US US	·L 33407	3. Date Incorporated or Qualified 03/04/1991	3a. Date of La 03/01	
. Principal Plac	te of Business	2a. Mailing Address 26		4. FEI Number 65-0245090		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		City & Stale		Election Campaign Financing Trust Fund Contribution		5.00 May Be
l 715) 	Country	Zip	Country	8. This corporation has liability for		Added to Fees ders 199.032,
Į.	[25] 9. Name and Address of Curr	29 rent Registered Agent	30	10. Name and Address of New		t
			B1 Name			<u>. </u>
AUGER, 710 NE			82 Street Add	iress (P.O. Box Number is Not Accepta	able)	
APT 404			83			
	IN BCH FL 33435					
			84 City		FL 85	Zip Code
The state of the s			od by the corporation's bes	ard of directors. I hereby accept the ap-	pointment as regis	tered agent. I am
or registere familiar with IGNATURE	id agent, or both, in the State of Fl n, and accept the obligations of, Sc sgrame, typed or princo rank of represed a	ection 607.0505, Florida Statutes unit and title (applicable (NC). DTE: Registered Agent signature require	ed when rainslating):	DATE	
or registere familiar with IGNATURE \$ 2.	 and accept the obligations of, Signature, typed or printed and of registered as OFFICERS. 	ection 607.0505, Florida Stalutes Folland title // applicable (NC AND DIRECTORS	S. OTE: Registered Agent signature require 13.		DATE FICERS AND DIRE	
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NICOLE AUGEL OI/17/96 (407)832-2803 SIGNATURE