FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:44

DOCUMENT # S43025 (3)

1. Corporation Name
HEALTHSTYLE MANAGEMENT CO., INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~400 SHERIDAN ST~~ ~~SUITE 313~~ ~~DANIA FL 33004~~ US	~~400 SHERIDAN ST~~ ~~STE 313~~ ~~DANIA FL 33004~~ US

3. Date Incorporated or Qualified: 04/02/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3111 University Drive	26 3111 University Drive
22 Suite 725-34	27 Suite 725-34
23 Coral Springs FL	28 Coral Springs FL
24 Zip 33065 25 Country USA	29 Zip 33065 30 Country USA

4. FEI Number: 65-0257307 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTMAN, CHARLES B.
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	NOBLE, DOUGLAS B.	12 NAME	
STREET ADDRESS	25 JUNIPER RD.	13 STREET ADDRESS	
CITY-ST-ZIP	SHARON MA	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	BLANK, MARJORIE	22 NAME	
STREET ADDRESS	3800 S. OCEAN DR.#1112A	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KOSOW, LEE	32 NAME	
STREET ADDRESS	2275 S. OCEAN BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Douglas B Noble Pres. Douglas B Noble 4/3/95 305-8402102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0076028 CP