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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$43025

(3)

HEALTHSTYLE MANAGEMENT CO., INC.

FILED Jan 30 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address 3800 S. OCEAN DRIVE 3800 S. OCEAN DRIVE SUITE 1112A SUITE 1112A DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 3. Date Incorporated or Qualified 04/02/1991 FEI Number Applied For 2a. Mailing Address Principal Place of Business 65-0257307 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUTMAN, CHARLES B. 8751 WEST BROWARD BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 303 PLANTATION FL 33324 83 Zip Code City 85 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 (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition ☐ DELETE ___ Change 1.1 TITLE TITLE NOBLE, DOUGLAS B. NAME 12 NAME 25 JUNIPER RD. STREET ADDRESS 1.3 STREET ADDRESS SHARON MA 02167 1.4 CITY-ST-ZIP CITY-ST-ZIE DELETE 2.1 TITLE ☐ Change Addition TITLE BLANK, MARJORIE J. 2.2 NAME NAME 3800 S. OCEAN DR.#1112A 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE KOSOW, LEE S. NAME 3.2 NAME 2275 S. OCEAN BLVD., 305S 3.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 3.4. CITY - ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5,3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition ___ DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CiTY-ST-ZIP 14. Thereby 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.

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