


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 30 1998 8:00am  
Secretary of State

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998   |  |  |   | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| DOCUMENT # S43025 (3)<br>1. Corporation Name<br>HEALTHSTYLE MANAGEMENT CO., INC.  |  |   |   |   |  |
| Principal Place of Business<br>3800 S. OCEAN DRIVE<br>SUITE 1112A<br>HOLLYWOOD FL 33019<br>US   |  |   | Mailing Address<br>3800 S. OCEAN DRIVE<br>SUITE 1112A<br>HOLLYWOOD FL 33019<br>US |   |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified<br>04/02/1991   |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.  |   | 4. FEI Number<br>65-0257307   |  |
| 22 City & State   |  | 27 City & State   |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 23 Zip  |  | 28 Zip  |   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 24 Country  |  | 29 Country  |   | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>BUTMAN, CHARLES B.<br>8751 WEST BROWARD BLVD.<br>SUITE 303<br>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<br>Signature, typed or printed name of registered agent 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |   | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP                |   |  |
| DPT<br>NOBLE, DOUGLAS B.<br>25 JUNIPER RD.<br>SHARON MA 02167   |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |   | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP                |   |  |
| DS<br>BLANK, MARJORIE J.<br>3800 S. OCEAN DR.#1112A<br>HOLLYWOOD FL 33019   |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP                |   |  |
| D<br>KOSOW, LEE S.<br>2275 S. OCEAN BLVD., 305S<br>PALM BEACH FL  |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP                |   |  |
|   |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP                |   |  |
|   |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP                |   |  |
|   |  |   |   |   |  |



DO NOT WRITE IN THIS SPACE

SIGNATURE:

Douglas B. Noble

1/31/98

CR2E034 (10/97)