

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V23385

(0)

1. Corporation Name

WHOLISTIC MANAGEMENT CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:24

Principal Place of Business

535 LIPOA PKWY
#110
KIHEI FL 06753
US

Mailing Address

7835-2 CENTRAL INDUSTRIAL DR
301 - WEST BLDG.
W PALM BEACH FL 33404
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/24/1992

3a. Date of Last Report

04/06/1994

4. FBI Number

65-0321932

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 KIHEI, HI

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOHN, ROBERT C
C/O NPPC
7835-2 CENTRAL INDUSTRIAL PKWY
W PALM BEACH FL 33404

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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent Signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	SOHN, ROBERT C	135 KAIMANU PL	KIHEI HI
VD	SOHN, TINA	135 KAIMANU PL	KIHEI HI
ST	LEFKOWITZ, MARION	1025 HALAMA ST	KIHEI HI

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
☐ Change ☐ Addition			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
☐ Change ☐ Addition			
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
☒ Change ☐ Addition		160 KAIMANU PLACE	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
☐ Change ☐ Addition			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
☐ Change ☐ Addition			
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
☐ Change ☐ Addition			

SIGNATURE:

Marion Lefkowitz
SIGNATURE AND TYPED CITY PRINTED NAME OF WORKING OFFICER OR DIRECTOR

1/17/95

808
874-6733