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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **V28508** **(2)**

1. Corporation Name
WELLNESS COUNSELING AFFILIATES, INC.

Principal Place of Business
5137 S. UNIVERSITY DR
DAVIE FL 33328

Mailing Address
5137 S. UNIVERSITY DR
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1992

2. Principal Place of Business
21 1859 N. PINE ISLAND RD.
Suite, Apt. #, etc.
22 #321
City & State
23 PLANTATION FL
Zip 24 33322 Country 25 BROW

2a. Mailing Address
26 1859 N. PINE ISLAND, RD
Suite, Apt. #, etc.
27 #321
City & State
28 PLANTATION, FL
Zip 29 33322 Country 30 BROW

4. FEI Number: 65-0324718 [ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. Name and Address of Current Registered Agent
RIEVMAN, STEVE
5137 S. UNIVERSITY DR
DAVIE FL 33328

10. Name and Address of New Registered Agent
81 Name RIEVMAN, STEVE
82 Street Address (P.O. Box Number is Not Acceptable) 1859 N. PINE ISLAND RD. #321
83
84 City PLANTATION FL 85 Zip Code 33322

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: STEVE RIEVMAN 4/24/98
Signature (and/or print name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	[ ] DELETE
NAME	RIEVMAN, STEVE	
STREET ADDRESS	5137 S. UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	[X] Change [ ] Addition
1.2 NAME	RIEVMAN, STEVE	
1.3 STREET ADDRESS	1859 N. PINE ISLAND RD. #321	
1.4 CITY-ST-ZIP	PLANTATION, FL 33322	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby 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.

SIGNATURE: STEVE RIEVMAN 4/24/98 (954) 963 3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0290882