

5-7-98 B-6757 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V28508 (2)
1. Corporation Name
WELLNESS COUNSELING AFFILIATES, INC.

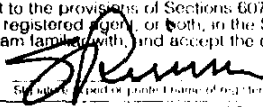
Principal Place of Business 5137 S. UNIVERSITY DR DAVE FL 33328	Mailing Address 5137 S. UNIVERSITY DR DAVE FL 33328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1859 N. PINE ISLAND RD. Suite, Apt. #, etc. 22 #321 City & State 23 PLANTATION FL Zip 24 33322	2a. Mailing Address 26 1859 N. PINE ISLAND RD. Suite, Apt. #, etc. 27 #321 City & State 28 PLANTATION FL Zip 29 33322	3. Date Incorporated or Qualified 04/09/1992	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 ☒ No		

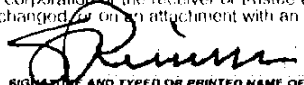
9. Name and Address of Current Registered Agent RIEVMAN, STEVE 5137 S. UNIVERSITY DR DAVE FL 33328	10. Name and Address of New Registered Agent 81 Name RIEVMAN, STEVE 82 Street Address (P.O. Box Number is Not Acceptable) 1859 N. PINE ISLAND RD. #321 83 84 City PLANTATION FL 85 Zip Code 33322
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11. 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
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RIEVMAN, STEVE 5137 S. UNIVERSITY DR DAVE FL 33328 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PTD RIEVMAN, STEVE 1859 N. PINE ISLAND RD. #321 PLANTATION, FL 33322 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 # 0296892

CR2E034 (10/97)