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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

FILED Apr 09 1998 8:00am Secretary of State

PRECK	SION HE	ALTH CONCEPTS	S, INC.									
Principal Plac	e of Busines	.s.	Ma	ding Address					I 1807) BIROTO INKI OTIIO OKIIO OKIAO OIKI EKOKI BIDAI BIB		A 01011 1001	
WINTER PAR				O BOX 3546								
200 N LAKEMONTE AVE LONGWOOD FL 32791												
WINTER PARK FL 32792 US									DO NOT WRITE IN THIS SPACE			
US									3. Date Incorporated or Qualified			
2. Principal Place of Business 2				2a. Mailing Address				-	04/20/1992 4. FEI Number	1 145	polied For	
21	1400 01 003	1000	— —	26					59-3117624		ot Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.							Additional	
22			27	27			İ	5. Certificate of Status Desired	Fee Re			
City & Stat	e			City & Stale				6. Election Campaign Financing	\$5.00	May Be		
23			28						Trust Fund Contribution	Added t	o Fees	
Zip 24	—		<u> </u>			untry	•	8. This corporation owes or has paid the current year I Personal Property Tax due June 30.			_ ~ I	
24]	9 Name	25 and Address of Curr	29 ent Regist	ered Agent	30	1			Personal Property Tax due June 30.		J No	
HORNER, LARRY W						81	Name		16. samue mas namenee of tion trofictoren nifetit			
337 RINGWOOD CIR						_	Christian	A 41-2	(0.0 p. 1)			
WINTER SPRINGS FL 32708						82 Street Add			ss (P.O. Box Number is Not Acceptable)			
***************************************						83						
						84	City				0.4	
						64	City		FL °	35 Zip (Jode	
11. Pursuant	to the provis	sions of Sections 607.0	502 and 60	7.1508, Florida Statu	utes, the a	bove	e-named	corpora	ration submits this statement for the purpose of ch n's board of directors. I hereby accept the appoint	anging its	s registered	
agent. La	ım familiar w	ith, and accept the obl	igations of,	Section 607.0505, F	lorida Sta	atutes	7 trie corp S.	DOFALION	ris board or directors. I nereby accept the appoint	ment as	registered	
SIGNATURE												
12.	Signature, types	or present name of registered. OFFICERS A					ant signature	required	when reinstaling) DATE	DEATAB	0.0140	
TOLE	P	OFFICENSA	IND DINEC	DELETE	13.	TITLE		r	ADDITIONS/CHANGES TO OFFICERS AND DI	Change	Addition	
NAME	HORNE	R, LARRY				NAME			ے	Onlingo		
STREET ADDRESS		IGWOOD CIRCLE					ADDRESS					
CITY-ST-ZIP		R SPRINGS FL				CITY-S						
TITLE	S			☐ DELETE		TITLE				Change	Addition	
NAME		vis, debbie			2.21	MAME						
STREET ADDRESS 101 HOLLOW BRANCH ROA			AD	23:			2.3 STREET ADDRESS		1 T			
CITY-ST-ZIP	APOPK	A FL	_		2.4	CITY-S	ST-ZIP					
TITLE	VP.			DELETE	3.11	TITLE				Change	Addition	
NAME		MS, KEVIN				MAME					ļ	
STREET ADDRESS		LLOW BRANCH RO	AD		335	STREET	ADDRESS					
CITY-ST-ZIP	APOPK	A FL		Drutar		CITY-S	ST-ZIP			Observe	171 (200)	
TITLE				☐ DELETE		ITLE				Change	L Addition	
NAME CTOCET ADDRESS						NAME	4000caa					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE				DELETE		CITY-S	11-211	 	····································	Change	Addition	
NAME						NAME				Triungo	Notified	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP						CITY-S						
TITLE				DELETE		HTLE	-			Change	Addition	
NAME	!				6.21	IAME				-		
STREET ADDRESS							ADDRESS					
CITY-ST-21P						CITY-S	ſ					

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 flustes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.