

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L89212** (9)
 1. Corporation Name

SEVEN MOUNTAINS HEALING, INC.



Principal Place of Business: **3601 SWANN AVE., SUITE 109 TAMPA FL 33609-4529**
 Mailing Address: **3601 SWANN AVE., SUITE 109 TAMPA FL 33609-4529**

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 07/15/1990 | 08/10/1995 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 | | 27 | | 59-3020193 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for intangible taxes under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 | 25 | 29 | 30 | | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| DUNCAN, SANDRA 2002 S. HABANA #B TAMPA FL 33629 | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |

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: _____ (Name of person signing must be typed on this space) (Date of signature required when terminating) _____

| | | | |
|----------------------------|---------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | <input type="checkbox"/> DELETE | 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D | 12 NAME | DUNCAN, SANDRA |
| STREET ADDRESS | DUNCAN, SANDRA | 13 STREET ADDRESS | 533 S. HOWARD AVE #854 |
| CITY - ST - ZIP | 2002 S HABANA #A | 14 CITY - ST - ZIP | TAMPA, FL 33606 |
| CITY - ST - ZIP | TAMPA FL | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 22 NAME | |
| NAME | | 23 STREET ADDRESS | |
| STREET ADDRESS | | 24 CITY - ST - ZIP | |
| CITY - ST - ZIP | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 32 NAME | |
| NAME | | 33 STREET ADDRESS | |
| STREET ADDRESS | | 34 CITY - ST - ZIP | |
| CITY - ST - ZIP | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 42 NAME | |
| NAME | | 43 STREET ADDRESS | |
| STREET ADDRESS | | 44 CITY - ST - ZIP | |
| CITY - ST - ZIP | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 52 NAME | |
| NAME | | 53 STREET ADDRESS | |
| STREET ADDRESS | | 54 CITY - ST - ZIP | |
| CITY - ST - ZIP | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 62 NAME | |
| NAME | | 63 STREET ADDRESS | |
| STREET ADDRESS | | 64 CITY - ST - ZIP | |
| CITY - ST - ZIP | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra Duncan* (Typed Name: SANDRA DUNCAN) Date: 8/7/96 (Printed Name: Sandra Duncan) Phone: (813) 872-9354

CR2E034 (3/96)