

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT #

1. Corporation Name **AMC HEALTH FOODS, INC** **H97693**

Principal Place of Business Mailing Address **SAME**
5919 Troublecreek Rd Suite #7
New Port Richey, FL 34652

3. Date Incorporated or Qualified **2-6-86** 3a. Date of Last Report **7-10-95**

2. Principal Place of Business
21 **5919 Troublecreek Rd** 2a. Mailing Address
26 **5919 Troublecreek Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#7** 27 **#7**
City & State City & State
23 **New Port Richey, FL** 28 **New Port Richey, FL**
Zip City, County Zip County
24 **34652** 25 **PASCO** 29 **34652** 30 **PASCO**

4. FEI Number **59-2639522** 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

9. Name and Address of Current Registered Agent
Joyce B Strickland
Albert M. Strickland

10. Name and Address of New Registered Agent
81 Name **Joyce B. Strickland**
82 Street Address (P.O. Box Number is Not Acceptable) **6667 CATALPA DRIVE**
83 **New Port Richey**
84 City **New Port Richey** FL 85 Zip Code **34653**

11. Pursuant to the provisions of Sections 607.0502 and 607.1004, 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 607.0503, Florida Statutes.

SIGNATURE **Joyce B Strickland** 4-28-96 DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | PRESIDENT <input type="checkbox"/> DELETE |
| NAME | ALBERT M. STRICKLAND |
| STREET ADDRESS | 6667 CATALPA DR. |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34653 |
| TITLE | Vice President <input type="checkbox"/> DELETE |
| NAME | Joyce B. Strickland |
| STREET ADDRESS | 6667 Catalpa Dr. |
| CITY-ST-ZIP | New Port Richey, FL 34653 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | 500001807885 |
| 4.3 STREET ADDRESS | -05/06/96--01006--039 |
| 4.4 CITY-ST-ZIP | ***200.00 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 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 in an attachment with an address.

SIGNATURE: **Joyce B Strickland** **Joyce B. Strickland** 4-28-96 DATE

CR2E034 (12/95)