

**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.)**

**APPROVED
AND
FILED**

1996 SEP -3 AM 10:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000081976 (0)

1. Corporation Name
100% NATURAL HEALTH FOODS, INC.

Principal Place of Business Mailing Address

**6641 BOYNTON BCH BLVD.
BOYNTON BEACH FL 33437** **6641 BOYNTON BCH BLVD.
BOYNTON BEACH FL 33437**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report Applied For
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	11/05/1994	08/23/1995
22 City & State	27 City & State	4. FEI Number	Applied For / Not Applicable
23 Zip Country	29 Zip Country	65-0532826	
24	30	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
CUMMINS, B J 9195 MARQUIS COURT BOYNTON BEACH FL 33437		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
		10. Name and Address of New Registered Agent	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	D BALOH, MICHELLE 9195 MARQUIS COURT BOYNTON BEACH FL 33437		
		21 TITLE	22 NAME
			300001845975
		23 STREET ADDRESS	-09/12/96--01088--001
		24 CITY - ST - ZIP	****225.00 ****225.00
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 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: _____ **8-1-96** **561-735-9510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRCE034 (3/96)