

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000071214 (5)
 1. Corporation Name
NATURAL LIFE MARKET, INC.



Principal Place of Business: **140 INTRACOASTAL POINTE DRIVE SUITE 401 JUPITER FL 33477**

Mailing Address: **140 INTRACOASTAL POINTE DRIVE SUITE 401 JUPITER FL 33477**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 2568 P6A Blvd.** 2a. Mailing Address: **26 same as beside**

3. Date Incorporated or Qualified: **08/15/1997**

4. FEI Number: **59-2241878** 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: **SELDIN, KEITH A 140 INTRACOASTAL POINTE DRIVE SUITE 401 JUPITER FL 33477**

10. Name and Address of New Registered Agent:

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83 _____

84 City: _____ 85 Zip Code: **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELDIN, KEITH A	1.2 NAME	Maureen Cohen
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE STE 401	1.3 STREET ADDRESS	14197 Harbor Lane
CITY-ST-ZIP	JUPITER FL 33477	1.4 CITY-ST-ZIP	Juno Beach, FL 33410
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice - President - Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Bruce S. Cohen
STREET ADDRESS		2.3 STREET ADDRESS	14197 Harbor Lane
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Juno Beach, FL 33410
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Maureen A. Cohen** **4/29/98** **541-621-4277**

CR2E034 (10/97)