

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 587362 (5)
 1. Corporation Name
MARTHA'S NATURAL FOOD MARKET, INC. OF NAPLES

Principal Place of Business 9118 BONITA BEACH ROAD BONITA BEACH FL 34135	Mailing Address 9118 BONITA BEACH ROAD BONITA BEACH FL 34135
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 9118 Bonita Beach Road Suite, Apt. #, etc.	26 9118 Bonita Beach Road Suite, Apt. #, etc.
22 City & State	27 City & State
23 Bonita Springs, FL Zip Country	28 Bonita Springs, FL Zip Country
24 34135 25	29 34135 30

3. Date Incorporated or Qualified 09/25/1978
4. FEI Number 59-1857485 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
CROSS, MARTHA K
27140 LAVINKA STREET
BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent

81 Name CROSS, MARTHA K
82 Street Address (P.O. Box Number is Not Acceptable) 20698 COUNTRY BARN DRIVE
83
84 City ESTERO 85 Zip Code FL 33928

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

TITLE	P <input type="checkbox"/> DELETE
NAME	CROSS, MARTHA K
STREET ADDRESS	27140 LAVINKA
CITY-ST-ZIP	BONITA SPGS. FL 34135
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE
1.2 NAME CROSS, MARTHA K
1.3 STREET ADDRESS 20698 COUNTRY BARN DRIVE
1.4 CITY-ST-ZIP ESTERO, FL 33928
<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 *Martha K. Cross* *S. A. Cross*

CR2E034 (10/97)