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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004797 (4)

HEALTH VALLEY COMPANY

HEALI	H VALLET COMPANT			
Principal Plac	e of Business	Mailing Address		4 TODINDO SUÑO LOGICO CITAS MANTE DA LIST ARTIN CONSTANTA CONTRACTOR DO LOGICO (CONTRACTOR CONTRACTOR CONTRACT
16100 FOOTHILL BLVD 16100 FOOTHILL BLVD IRWINDALE CA 91706 IRWINDALE CA 91706			•	
US		U\$		DO NOT WRITE IN THIS SPACE
		_		3. Date incorporated or Qualified 09/18/1996
,	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 26			95-4575073 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
22 27 City & State City & State			6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intaggible
24	25	29	30	Personal Property Tax due June 30. Yes Yo
	9. Name and Address of Curre	int Registered Agent		10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM			81 Name	
1200 \$ OUTH PINE ISLAND ROAD			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
ļ PL	ANTATION FL 33324			
ļ			63	
			84 City	■■ 85 Zip Code
		00 1007 1500 5: : : 5		FL FL FL FL FL FL FL FL
office or r	egistered agent, or both, in the State	e of Florida. Such change was	utes, the above-hamed co authorized by the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent la	m familiar with, and accept the obliq	gations of, Section 607.0505, F	lorida Statutes	· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or printed name of registered ac	coor and title if applicable (Alf	OTE: Registered Agent signature req	quired when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	DELETE	1.1 THILE	☐ Change ☐ Addition
NAME	VOSS, WILLIAM R		1.2 NAME	
Street address	135 SOUTH LASALLE STRE	ET, #3800	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60603	•	1.4 CITY - ST - ZIP	
TITLE	SVPC	☐ DELETE	2.1 TITLE	Change Addition
NAME	BEARDSLDY, DIANE J		2.2 NAME	
STREET ADDRESS	16100 FOOTHILL BLVD		2.3 STREET ADDRESS	re-
CITY-ST-ZIP	IRWINDALE CA		2. 4 CITY-ST-ZIP	1
TITLE	SVP	DELETE	3.1 TITLE	, Change Addition
NAME	NICTAKIS, WILLIAMS J		3.2 NAME	
STREET ADDRESS	16100 FOOTHILL BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	IRWINDALE CA		3.4. CITY-ST-ZIP	
TITLE	SVPO	☐ DELETE	4.1 TITLE	Change Addition
NAME	DE BOOM, MICHAEL D		4. 2 NAME	
STREET ADDRESS	16100 FOOTHILL BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	IRWINDALE CA		4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

6.4 CITY-ST-2IP

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 suppliemental 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.