

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G61693** (9)

1. Corporation Name
HEALTH FOOD, INC.



Principal Place of Business 5153 14 ST WEST 5153 14TH ST. W. BRADENTON FL 34207 US	Mailing Address 5153 14TH ST. W. BRADENTON FL 34207-2431
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/01/1983	3a. Date of Last Report 06/17/1996
4. FEI Number 59-2390395	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FELDMAN, MARC H 3908-26 ST WEST BRADENTON FL 34205	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	ST LEON, CLYDE J	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	4415-26ST WEST #1114	1.3 STREET ADDRESS	
	BRADENTON FL	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	EGAN, MARK	2.1 TITLE	
	3208 CAMBRIDGE DRIVE WEST	2.2 NAME	
	BRADENTON FL	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	SCHULTZ, CLIFFORD	3.1 TITLE	
	12302 SR 62	3.2 NAME	
	PARISH FL	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		4.1 TITLE	V.P.
		4.2 NAME	Gaule Young
		4.3 STREET ADDRESS	4504 3rd ST NW
		4.4 CITY-ST-ZIP	Bradenton, FL 34207
<input type="checkbox"/> DELETE		<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"/> DELETE		<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 do 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: *Clyde J. Leon* **4/8/97** **941-756-4372**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0419981

CR2E034 (9/96)