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CORPORATION ANNUAL REPORT



FLOR: DA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J10912 **DOCUMENT #** 

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|  | iealth distributors, i   | INC.  |  |  |   |  | ŞECRETA   | ARY SF                                   | STATE                          |   |
|--|--|---|--|--|---|--|---|--|--------------------------------|---|
| Principal Place  | of Business  | Mailing   | g Address  |  |   |  |   |  | PER DIVIE 84                   | 041 01014 01011 10 <b>0</b> 1   |
| 7830 ELLIS RD 7830 ELLIS RD MELBOURNE FL 32904 MELBOURNE FL 32904  |  |   |  |  |   |  |   |  |                                |   |
|  |  |   |  |  |   |  | 3. Date Incorporated or Qualified 04/24/1986  | 1  | e of Last F<br><b>05/01/1</b>  |   |
| . Principal Pla  | ce of Business   | erning.   | ailing Address   |  |   |  | 4. FEI Number<br>59-2680215   | 1  |                                | Applied For   |
| Suite, Apt. #, etc   |  | 26 Su   | Suite, Apt. #, etc.  |  |   |  |   | Not Applicable  \$8.75 Additional        |                                |   |
|  |  | 27  |  |  |   |  | 5. Certificate of Status Desired  |  |                                | Required  |
| City & State   |  | 28  | ty & State   |  |   |  | Election Campaign Financing     Trust Fund Contribution   |  |                                | 00 May Be<br>ed to Fees   |
| Zip<br>}   | Country 25   | 7ır<br>29   | ')   | Cour   | ntry  |  | This corporation has hability for Florida Statutes  | intangible t                             | ax under s                     | 199.032,  |
| •  | 9. Name and Address of Curre   |   | ed Agent   | 1301   |   |  | 10. Name and Address of New I   |  | Agent                          |   |
|  | The state of the s |   |  | - ····   | 81  | Name   |   |  |                                |   |
|  | AARK S.  |   |  | -  | 82  | Street Addr                                    | ess (P.O. Box Number is Not Accepta   | bie)                                     |                                |   |
|  | OW ROAD, SUITE #8  |   |  |  |   |  |   |  |                                |   |
| MELBO  | URNE FL 32934  |   |  |  | 83  |  |   |  |                                |   |
|  |  |   |  |  | 84  | City   |   | F۱                                       | 85 Z                           | ip Code   |
| or registere   | ed agent, or both, in the State of Fig<br>h, and accept the obligations of, Se   | orida. Such ch                                      | lange was author.  | zed by the co  | Ouhk<br>∧e÷u<br>r   | named corpor<br>oration's boni                 | ation submits this statement for the purel of directors. Thereby accept the app   | irpose of ch<br>pointment as             | anging its<br>registere        | registered offi<br>diagent Tami   |
| or registere<br>familiar with<br>iGNATURE  | ed agent, or both, in the State of Fic<br>h, and accopt the obligations of, Se<br>Synatic types or proled case of regions.   | orida Such ch<br>action 607.050                     | iange was author.<br>5, Florida Statute<br>.ass in   | zed by the co<br>s   | Öthk  | oration's boni                                 | rd of directors. Thereby accept the app   | pate FIOERS ANI                          | registere:                     | d agent I am ORS IN 12  |
| or registere<br>familiar with<br>IGNATURE:<br>2.   | ed agent, or both, in the State of Fid<br>h, and accept the obligations of, Se<br>Signature types or protest care of capacity of Lay<br>OFFICERS A   | orida Such ch<br>action 607.050<br>email the last a | iange was author.<br>5, Florida Statute<br>.ass in   | zed by the cost  | Orpic<br>Agest<br>Juf   | oration's boni                                 | rd of directors. Thereby accept the app   | pate FIOERS ANI                          | registere:                     | d agent I am<br>ORS IN 12   |
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CITY - ST - 7:P 14. To hereby certify that the information supplied with this fiftig 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 indical adjoint 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 position that I am an officer or director of the corporation of the co

6 1 TITLE 6.2 NAME

63 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1-19-96 407-722-2900

Change Addition