

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

FILED  
Mar 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J86911  
1. Corporation Name  
**HERE'S TO YOUR HEALTH #2, INC.**

Principal Place of Business Mailing Address  
2541-2551 S. University Drive 2541-2551 S. University Drive  
DAVIE, FL 33324-5819 DAVIE, FL 33324-5819

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/03/1987	3a. Date of Last Report 02/24/96
21. State App. #, etc.	26. State App. #, etc.	4. FEI Number 65-0044525	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LANE, JOSHUA 11644 N.W. 2ND DRIVE CORAL SPRINGS, FL 33071		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

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 and for herewith accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(If the Registered Agent signature is required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE	PD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, JOSHUA	12. NAME	
STREET ADDRESS	11644 N.W. 2ND DRIVE	13. STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	14. CITY-ST-ZIP	
TITLE	STD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, SUSAN	22. NAME	
STREET ADDRESS	11644 N.W. 2ND DRIVE	23. STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	24. CITY-ST-ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

400002120024  
 -03/21/97--01008--003  
 \*\*\*165.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information furnished on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a member 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 on each 12 or 13 file (check), or on an attachment with an address.

SIGNATURE: *Joshua Lane* March 13, 1997 954 370 1966  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joshua Lane

CR2E034 (9/96)