


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

FILED

May 08 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 # K30111 (4)
1. Corporation Name
NATURE'S DELIGHT, INC.

Principal Place of Business 2301 S.W. 70TH AVE DAVIE FL 33317	Mailing Address 2301 S.W. 70TH AVE DAVIE FL 33317
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4457 N. ST. RD #7		2a. Mailing Address 2021 SW 70 AVE		3. Date Incorporated or Qualified 08/03/1988
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc. B-13		4. FEI Number 65-0066190
22. City, State, and Zip KANDLERDALE LAKE FL 33319		27. City, State, and Zip DAVIE FL 33317		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Country USA		28. Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country USA		29. Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent KASTNER, JEFFREY D 10011 PINES BLVD SUITE 103 PEMBROKE PINES FL 33319-5876		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	2031 SW 70TH AVE	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	DAVIE FL 33321	2.1 TITLE	2.2 NAME
TITLE	VPS	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
NAME	REID, LENWORTH A	3.1 TITLE	3.2 NAME
STREET ADDRESS	7770 N.W. 70TH AVE.	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP	TAMARAC FL 33321	4.1 TITLE	4.2 NAME
TITLE		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
NAME		5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP		6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information furnished 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

4-30-98 94 735-1677

CR2E034 (10/97)