

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **M24981** (6)

1. Corporation Name  
**NATURAL HEALTH HUT, CORP.**



Principal Place of Business  
**C/O ROSE KALAJIAN  
26419 CHIANINA DRIVE  
ZEPHRHILLS FL 33544**

Mailing Address  
**C/O ROSE KALAJIAN  
26419 CHIANINA DRIVE  
ZEPHRHILLS FL 33544**

3. Date Incorporated or Qualified **12/23/1985** 3a. Date of Last Report **03/01/1995**

4. FEI Number **59-2624756** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21. **SAME**  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country

2a. Mailing Address  
26. **SAME**  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip Country

**9. Name and Address of Current Registered Agent**

**KALAJIAN, ROSE  
26419 CHIANINA DRIVE  
ZEPHRHILLS FL 33544**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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 of person or persons of registered agent (if applicable)

(If filer is registered agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	DP KALAJIAN, ROSE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	1147 CHIANINA DR.	1.2 NAME	
12.3 CITY-STATE-ZIP	ZEPHRHILLS FL	1.3 STREET ADDRESS	
12.4 TITLE		1.4 CITY-STATE-ZIP	
12.5 NAME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS		2.2 NAME	
12.7 CITY-STATE-ZIP		2.3 STREET ADDRESS	
12.8 TITLE		2.4 CITY-STATE-ZIP	
12.9 NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		3.2 NAME	
12.11 CITY-STATE-ZIP		3.3 STREET ADDRESS	
12.12 TITLE		3.4 CITY-STATE-ZIP	
12.13 NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		4.2 NAME	
12.15 CITY-STATE-ZIP		4.3 STREET ADDRESS	
12.16 TITLE		4.4 CITY-STATE-ZIP	
12.17 NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		5.2 NAME	
12.19 CITY-STATE-ZIP		5.3 STREET ADDRESS	
12.20 TITLE		5.4 CITY-STATE-ZIP	
12.21 NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS		6.2 NAME	
12.23 CITY-STATE-ZIP		6.3 STREET ADDRESS	
12.24 TITLE		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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 change of, or on an attachment with an address.

SIGNATURE: *Rose Kalajian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 26, 1996 (813) 913-1096  
Date Daytime Phone #

CR2E034 (12/95)