


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 17, 1999 8:00 am**  
**Secretary of State**

09-17-1999 90004 012 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N13577</b>					
1. Corporation Name <b>MACROBIOTIC FOUNDATION OF PALM BEACH COUNTY, INC</b>					
Principal Place of Business <b>% CAROLYN R. SNAPP 6787 HIGH RIDGE RD. LANTANA FL 33462</b>			Mailing Address <b>13529 CITRUS DRIVE LOXAHATCHEE FL 33470 US</b>		



2. Principal Place of Business 21 <b>111 CYPRESS BROOK CIR.</b>		2a. Mailing Address 26 <b>111 CYPRESS BROOK CIR.</b>		3. Date Incorporated or Qualified <b>02/25/1986</b>	
Suite, Apt. #, etc. 22 <b>#803</b>		Suite, Apt. #, etc. 27 <b>#803</b>		4. FEI Number <b>59-2659604</b>	
City & State 23 <b>MELBOURNE FL</b>		City & State 28 <b>32901</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>32901</b>		Country 25 <b>US</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>US</b>		Zip 29 <b>32901</b>		Country 30 <b>US</b>	

9. Name and Address of Current Registered Agent <b>SNAPP, CAROLYN R. 13529 CITRUS DRIVE LOXAHATCHEE FL 33470</b>				10. Name and Address of New Registered Agent 81 Name <b>CAROLYN R. SNAPP</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>111 CYPRESS BROOK CIR. #803</b> 84 City <b>MELBOURNE</b> FL 85 Zip Code <b>32901</b>			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **CAROLYN R. SNAPP**

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

(NOTE: Registered Agent Signature Required when reinstating)

DATE

**9/10/99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SNAPP, CAROLYN R.		1.2 NAME	SNAPP, CAROLYN R.			
STREET ADDRESS	13529 CITRUS DRIVE		1.3 STREET ADDRESS	111 CYPRESS BROOK CIR. #803			
CITY-ST-ZIP	LOXAHATCHEE FL 33470		1.4 CITY-ST-ZIP	MELBOURNE, FL 32901			
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINK, ALFRED		2.2 NAME	LINK, ALFRED			
STREET ADDRESS	13529 E. CITRUS DRIVE		2.3 STREET ADDRESS	111 CYPRESS BROOK CIR. #803			
CITY-ST-ZIP	LOXAHATCHEE FL		2.4 CITY-ST-ZIP	MELBOURNE, FL 32901			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JAMES, JEREMY		3.2 NAME	PROCTOR, JERE			
STREET ADDRESS	6787 HIGH RIDGE RD		3.3 STREET ADDRESS	111 CYPRESS BROOK CIR. #803			
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP	MELBOURNE, FL 32901			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CAROLYN R. SNAPP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/10/99**

CR2E037 (5/99)