

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N96000006108 (2)

1. Corporation Name

APPETITE FOR LIFE, INC.

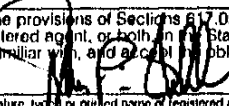
Principal Place of Business 424 N. GONZALES ST. PEWSACOLA, FL. 32501	Mailing Address 424 N. GONZALES ST. PEWSACOLA, FL 32501
--	---



2. Principal Place of Business 21 1842 W. CERVANTES ST. Suite, Apt. #, etc.		2a. Mailing Address 25 P.O. Box 308 Suite, Apt. #, etc.		3. Date Incorporated or Qualified NOVEMBER 22-96	3a. Date of Last Report N/A
22 City & State 23 PENSACOLA FL.		27 City & State 28 PENSACOLA, FL.		4. FEI Number 59-3415148	Applied For Not Applicable
24 32501		26 FLORIDA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
27 32592		29 FLORIDA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
28 32592		30 FLORIDA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

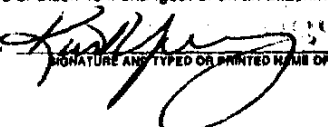
9. Name and Address of Current Registered Agent JAMES E. SMITH 424 N. GONZALES ST. PEWSACOLA, FL. 32501		10. Name and Address of New Registered Agent 81 Name JOHN P. WELCH 82 Street Address (P.O. Box Number is Not Acceptable) 703 S. PALAFOX ST. 83 84 City PENSACOLA FL 85 Zip Code 32501	
--	--	--	--

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  (NOTE: Registered Agent signature required when reinstating) DATE 4/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	1.1 TITLE	1.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	2.1 TITLE	2.1 TITLE	2.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	3.1 TITLE	3.1 TITLE	3.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	4.1 TITLE	4.1 TITLE	4.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	5.1 TITLE	5.1 TITLE	5.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	6.1 TITLE	6.1 TITLE	6.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b) 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.

SIGNATURE  Ad. Pres. 4/24/97 Date Daytime Phone # 0072438

CR2E037 (9/96)