

# 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 # P93000026785 (4)

1. Corporation Name

NATURAL HIGH, INC.



Principal Place of Business

Mailing Address

VERO BEACH MALL  
1255 U.S. ROUTE NO. 1  
VERO BEACH FL 32960

VERO BEACH MALL  
1255 U.S. ROUTE NO. 1  
VERO BEACH FL 32960

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKEY, WM. R  
SEMINOLE OFFICE CENTER, SUITE 228  
8050 SEMINOLE MALL  
SEMINOLE FL 34642

81

Name

BRUCE J DAS

82

Street Address (P.O. Box Number is Not Acceptable)

GNC

83

City

1255 US 1

84

City

VERO BEACH

FL

85

Zip Code

32960

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

*Bruce J Das*

BRUCE J DAS

3/20/96

(Signature typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent Signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAS, BRUCE J	
STREET ADDRESS	803 LINCOLN AVENUE	
CITY-ST-ZIP	HOLLAND MI 49423	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAS, AMY	
STREET ADDRESS	803 LINCOLN AVENUE	
CITY-ST-ZIP	HOLLAND MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAS, BRUCE J	
1.3 STREET ADDRESS	340 39TH CT SW	
1.4 CITY-ST-ZIP	VERO BEACH FL 32968	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAS, <del>BRUCE</del> AMY	
2.3 STREET ADDRESS	340 39TH CT SW	
2.4 CITY-ST-ZIP	VERO BEACH FL 32968	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 registered 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 or changed, or on an attachment with an address.

SIGNATURE:

*Bruce J Das*  
BRUCE J DAS

3/20/96 407-862-2410  
Date Daytime Phone #

CR2E034 (12/95)