SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 31 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000027440 (5)**

1. Corporation Name
NATURAL REMEDIES, INC.

Principal Place of Business	Mailing Address
~~1280 OLD CONGRESS AVE.~~ ~~WEST PALM BEACH FL 33409~~	P.O. BOX 3322 WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1993	3a. Date of Last Report: 07/28/1994
4. FEI Number: 65-0424933	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	2a. Mailing Address
21 1281 North Ocean Drive	26
22 Suite, Apt. #, etc. # 180	27 Suite, Apt. #, etc.
23 City & State West Palm Beach, FL	28 City & State
24 Zip 33404 / 25 Country PalmBeach	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

~~KERNS, PAT~~
~~1280 OLD CONGRESS AVE.~~
~~WEST PALM BEACH FL 33409~~

10. Name and Address of New Registered Agent

81 Name: S. L. Myers
82 Street Address (P.O. Box Number is Not Acceptable): 1281 North Ocean Drive
83 Ste # 180
84 City: West Palm Beach FL 85 Zip Code: 33404

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: S. L. Myers, Pres — S. L. Myers, Pres — DATE: 7/10/95
(If changing registered agent, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P.T.D.	☒ Change ☐ Addition
NAME	~~KERNS, PAT~~	12 NAME	S. L. Myers, Pres	
STREET ADDRESS	~~1280 OLD CONGRESS AVE.~~	13 STREET ADDRESS	1281 North Ocean Drive, Ste #180	
CITY-ST-ZIP	~~W. PALM BCH. FL~~	14 CITY-ST-ZIP	West Palm Beach, FL 33404	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S. L. Myers, Pres — S. L. Myers, Pres — 7/10/95 — 407-936-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0146623 FP