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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P93000033637

1. Corporation Name
IT IS, IT IS dba NATURES WAY CAFE

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
MAY 10, 1993

2. Principal Place of Business: 21 1677 FORUM PLACE	2a. Mailing Address: 26 14191 LITTLE CYPRESS CIR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 W. PALM BEACH, FL.	City & State 28 W. PALM BEACH, FL
Zip 24 33401 — Country 25 USA	Zip 29 33410 — Country 30 USA

4. FEI Number 65-0434474 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOM WIDEMAN
14191 LITTLE CYPRESS CIR.
W. PALM BEACH, FL 33410

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 Thomas S. Wid

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TOM WIDEMAN		1.2 NAME	
STREET ADDRESS	14191 LITTLE CYPRESS CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH, FL 33410		1.4 CITY-ST-ZIP	
TITLE	SEC/TREAS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAMELA D. WIDEMAN		2.2 NAME	
STREET ADDRESS	14191 LITTLE CYPRESS CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH, FL 33410		2.4 CITY-ST-ZIP	
TITLE	V.P. OPERATIONS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHRIS, RICARDI		3.2 NAME	
STREET ADDRESS	3782 VICTORIA DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH, FL 33406		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	KS
STREET ADDRESS			5.3 STREET ADDRESS	4.23
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	500002459196 ☐ Change ☐ Addition
NAME			6.2 NAME	-04/24/98--01022--025
STREET ADDRESS			6.3 STREET ADDRESS	***150.00
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas S. Wid President — 4/19/98 — 561-775-2585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)