SECOND I	NOTICE: CORPORATION WILL I ON OR BEFORE 8/7/96: \$225 (IF DIS	BE DISSOLVED ON OR AFTE	R AUGUST 7, 199	6. 375)		
} • F	PROFIT	Fig.	ARIMENT OF STATE			
	PORATION JAL REPORT	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	a B. Mortham dary of State			
	1996	7.7	CORPORATIONS			
DOCUMENT # P93000053741 (3)						
1. Corporation	ND HEALTH PRODUCT E	•	-,			
	IND FICALITY PRODUCT (EAPO, ING.			 	TANIA TAKAN BANTA ANNA HABAN BARDA BADA HABA
Principal Place of Business Mailing Address					- 1	
9802 BAYME SUITE 12	ADOWS ROAD		9902 BAYMEADOWS ROAD			
JACKSONVILLE FL 32256		Suite 12 Jacksonville Fl. 33	JACKSONVILLE FL 32256		3. Date Incorporated or Qualified	3a. Date of Last Report
- DID		·			07/28/1993	05/01/1995
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number 59-3194943	Applied For Not Applicable
Suite, Apt 4	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	······································	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28]	Country	···	Trust Fund Contribution 8. This corporation has hability for	intanoible tax under s 199 032
24	9. Name and Address of Curre	29 ent Registered Agent	[30]		Florida Statutes 10. Name and Address of New Re] Yes 🔀 No
	JBER, ALAN		81 Na	ne	10.	graterou Agunt
9802 BAYMEADOWS ROAD SUITE 12			82 Str	et Addre	ss (P.O. Box Number is Not Acceptar	ole)
	CKSONVILLE FL 32256		83			
			84 Oit			FL 85 Zip Code
11. Pursuant to office or re	o the provisions of Sections 607.09 gistered agent, or both, in the Stat	02 and 607,1508. Florida Statu to of Florida. Such change was	ites, the above nam authorized by the c	ed corpor orporation	ration submits this statement for the pin's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
agent Far SIGNATURE	n familiar with, and accept the obli	gations of, Section 607 0505, F	forida Statutes			
12.	Sinarus typistas pretetrams of norshoots OFFICERS A	ged and the Capp : as (A) ND DIRECTORS	DIE Biog steast Agent sign	alufo fesquirês	wheelershing ADDITIONS/CHANGES TO OFFIC	DAR DIRECTORS IN 12
TITLE NAME	D Huber, Alan J	DELETE	1.1.TULE	D), ρ	Change Addition
STREET ADDRESS	9802 BAYMEADOWS ROA	D, SUITE 12	1.2 NAME 1.3 STREET ADDRE	SS		Change Addition &
CHTY - ST - ZIP	JACKSONVILLE FL 32256	DELETE	1.4 CHY+ST ZIP 2.1 Tiflif	L	y	Change X Addition
NAME			2 2 NAME	MA	REGALET HUBER	[_] Change [M] Admini-
STREET ADDRESS City - St - 7:P			2.3 STREFT ADDRE 2.4 CHY - ST. ZIP	ss 99	ALGARET HUBER BY BAYARADOUS RI FACKSONVILL FL	0#12 3192
TiTLE		DELETE	31 Till f		THE SOURCE TE	Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRE	95		
CITY-ST-ZIP	N. W. C		3.4 CITY - ST - ZIP		······································	
TITLE NAME		L_ DELETE	4 1 THILE I 4 2 NAME			Change Addition
STREET ADDRESS			4.3 STREET ADDRE	ss		
TITLE		DELETE	4.4 CHY - ST - ZIP 5.1 THLE	 .		Change Addition
NAME STREET ADORGO			5.2 NAME			
STREET ADDRESS CITY - ST - ZIP			5.3 STREET ADDRE 5.4 CHY - ST - ZIP	SS		·
TIFLE NAME		DELFTL	61 Tille			Change Addition
STREET ADDRESS			6.2 NAME 6.3 STHEET ADDRE	ss		
City-St-ZiP 14. I do hereby	y certify that the information supply	go with this filing is voluntarily f	64 CITY - \$1 - ZIP urnished and does r	not qualify	for the exemption stated in Section 1	19 07(3)(k) Frontida Statutos I
further ceri made unde	bfy that the information inclosited of er oath, that I am an officer or the mo appears in Block 12 ~ Pitch	Athis annual report or supplement of the corporation or the record of the corporation of the record	iental annual report ceiver or trustee emp	is true and powered t	d accurate and that my signature shalo execute this report as required by C	If have the same legal effect as if Chapter 617, Florida Statutes, and
turther certify that the information indicated by this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under earlit, that I arrive office or if place 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 of Elecation or an attachment with an address						
SIGNATU	JHE: SIGNATORE AND TYPED O	DA PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR			District Philas of