

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000064769 (1)**

1. Corporation Name

**UNLIMITED HEALTH FOODS INC.**



Principal Place of Business

Mailing Address

**4900 LINTON BLVD.  
DELRAY BEACH FL 33484**

**4900 LINTON BLVD.  
DELRAY BEACH FL 33484**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt., P.O.

26. State, Apt., P.O.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRIS, RUTH  
6286 DUSENBURG RD.  
DELRAY BEACH FL 33484**

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 607.0507 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent of Change or of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. NAME	<b>P MORRIS, JAY</b>	<input type="checkbox"/> DELETE
2. STREET ADDRESS	<b>9486 LAKE SERENA DR.</b>	
3. CITY, ST., ZIP	<b>BOCA RATON FL 33496</b>	
4. NAME		<input type="checkbox"/> DELETE
5. STREET ADDRESS		
6. CITY, ST., ZIP		
7. NAME		<input type="checkbox"/> DELETE
8. STREET ADDRESS		
9. CITY, ST., ZIP		
10. NAME		<input type="checkbox"/> DELETE
11. STREET ADDRESS		
12. CITY, ST., ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. STREET ADDRESS		
15. CITY, ST., ZIP		

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
3. CITY, ST., ZIP		
4. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		
6. CITY, ST., ZIP		
7. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		
9. CITY, ST., ZIP		
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		
12. CITY, ST., ZIP		
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		
15. 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 included 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:

*Jay Morris* Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*JAY MORRIS*

*1/20/96* 407-391-3240  
DATE (By the Agent)

CR2E034 (12/95)