

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000081997 (7)

1. Corporation Name  
**MOTHER NATURE'S, INC.**



Principal Place of Business: 18850 SW 232 STREET GOULDS FL 33170  
Mailing Address: 18850 SW 232 STREET GOULDS FL 33170

3. Date Incorporated or Qualified: 01/01/1994  
3a. Date of Last Report: 04/27/1995  
4. FEI Number: 65-0452740  
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 (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: MICHENER, BRUCE C, 18850 SW 232 STREET, GOULDS FL 33170  
10. Name and Address of New Registered Agent: (81-85) Name, Street Address, City, State (FL), Zip Code. Fields 81-84 are crossed out.

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: [Signature] w/a - DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD	MICHENER, BRUCE C	1.1 TITLE	[Crossed out]
STREET ADDRESS: 18850 SW 232 STREET	GOULDS FL 33170	1.2 NAME	[Crossed out]
CITY-ST-ZIP: GOULDS FL 33170		1.3 STREET ADDRESS	[Crossed out]
TITLE: V	MICHENER, ANA M	1.4 CITY-ST-ZIP	[Crossed out]
STREET ADDRESS: 18850 SW 232 STREET	GOULDS FL 33170	2.1 TITLE	[Crossed out]
CITY-ST-ZIP: GOULDS FL 33170		2.2 NAME	[Crossed out]
TITLE: [Blank]	[Blank]	2.3 STREET ADDRESS	[Crossed out]
NAME: [Blank]	[Blank]	2.4 CITY-ST-ZIP	[Crossed out]
STREET ADDRESS: [Blank]	[Blank]	3.1 TITLE	[Crossed out]
CITY-ST-ZIP: [Blank]	[Blank]	3.2 NAME	[Crossed out]
TITLE: [Blank]	[Blank]	3.3 STREET ADDRESS	[Crossed out]
NAME: [Blank]	[Blank]	3.4 CITY-ST-ZIP	[Crossed out]
STREET ADDRESS: [Blank]	[Blank]	4.1 TITLE	[Crossed out]
CITY-ST-ZIP: [Blank]	[Blank]	4.2 NAME	[Crossed out]
TITLE: [Blank]	[Blank]	4.3 STREET ADDRESS	[Crossed out]
NAME: [Blank]	[Blank]	4.4 CITY-ST-ZIP	[Crossed out]
STREET ADDRESS: [Blank]	[Blank]	5.1 TITLE	[Crossed out]
CITY-ST-ZIP: [Blank]	[Blank]	5.2 NAME	[Crossed out]
TITLE: [Blank]	[Blank]	5.3 STREET ADDRESS	[Crossed out]
NAME: [Blank]	[Blank]	5.4 CITY-ST-ZIP	[Crossed out]
STREET ADDRESS: [Blank]	[Blank]	6.1 TITLE	[Crossed out]
CITY-ST-ZIP: [Blank]	[Blank]	6.2 NAME	[Crossed out]
TITLE: [Blank]	[Blank]	6.3 STREET ADDRESS	[Crossed out]
NAME: [Blank]	[Blank]	6.4 CITY-ST-ZIP	[Crossed out]

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, its 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 removed from attachment with an address.

SIGNATURE: [Signature] Bruce C Michener 4/26/96 305-245-0842  
DATE: 4/26/96 DAYTIME PHONE: 305-245-0842

CR2E034 (12/95)