

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P94000001514 (6)**

1. Corporation Name
ADAM'S HOLISTIC HEALTH INC.



Principal Place of Business 225 HILLVIEW ROAD VENICE FL 34292	Mailing Address 225 HILLVIEW ROAD VENICE FL 34293-1615
---	--

2. Principal Place of Business 21 728 SHAMROCK BLVD Suite, Apt. #, etc. 22 Venice FL City & State 23 Zip 24 34293 Country	2a. Mailing Address 26 SAME ↑ Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	---

3. Date Incorporated or Qualified 12/29/1993	3a. Date of Last Report 03/06/1996
4. FEI Number 65-0455451	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RICHARDSON, SUSAN C 255 HILLVIEW ROAD VENICE FL 34292	
---	--

10. Name and Address of New Registered Agent 81 Name Kevin A. O'Brien 82 Street Address (P.O. Box Number is Not Acceptable) 855 Hillview Rd. 83 84 City Venice FL 85 Zip Code 34293	
--	--

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 607.0503, Florida Statutes.

SIGNATURE *Kevin A. O'Brien* DATE **4/21/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D O'BRIEN, KEVIN
STREET ADDRESS	255 HILLVIEW ROAD
CITY-ST-ZIP	VENICE FL
TITLE	<input type="checkbox"/> DELETE
NAME	S O'BRIEN, ALICE
STREET ADDRESS	3031 SUNSET BEACH DR
CITY-ST-ZIP	VENICE FL
TITLE	<input type="checkbox"/> DELETE
NAME	P O'BRIEN, ADAM
STREET ADDRESS	335 PLYMOUTH ST
CITY-ST-ZIP	ABINTON MA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Kevin A. O'Brien* DATE **4/5/97** 941-366-7446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)