

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000001514

Corporation Name  
ADAM'S HOLISTIC HEALTH INC.

Principal Place of Business  
21 N LOCKWOOD RIDGE RD  
RASOTA FL 34237

Mailing Address  
2331 GENTIAN RD  
VENICE FL 34293  
US

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State

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City & State

Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

O'BRIEN, KENIN A  
255 HILLVIEW ROAD  
VENICE FL 34293

81 Name

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

83

84 City

10. Name and Address of New Registered Agent

FL

85 - Zip Code -

I, the undersigned, being the officer or registered agent, or both, in the State of Florida, do hereby certify that the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

1. TITLE

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