

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Metcher
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000044602 (8)**

1. Corporation Name
HEALTHY GIFTS, INC.



Principal Place of Business

Mailing Address

503 NE 20TH STREET
BOCA RATON FL 33431
US

929 ALAMANDA DRIVE
DELRAY BEACH FL 33483

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

MAGALETTA, HELEN
929 ALAMANDA DRIVE
DELRAY BEACH FL 33483

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0632 and 607.1005, Florida Statutes, the above named corporation certifies 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 607.0630, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|----------------------------------|
| TITLE | D | <input type="checkbox"/> DELETED |
| NAME | MAGALETTA, HELEN | |
| STREET ADDRESS | 929 ALAMANDA DRIVE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | |
| TITLE | | <input type="checkbox"/> DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

| | |
|-------------------|---|
| 11 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief. I further certify that I am an officer or director of the corporation and that my signature appears on the instrument as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report on the following date:

SIGNATURE:

SIGNATURE AND TYPE OF PRIVATE NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

3/25/96 407 750-2210

CR2E034 (12/95)