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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:

CHTY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 11 1997 8:00am

Secretary of State

Daytime Phone #

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000072199 (0)

SIMPLY NATURAL DISTRIBUTORS, INC.

Principal Place of Business Mailing Address							***************************************			T TROUTBAL THE PARTH BURIL ABUIL BOUT BART BRAIL FROM LIDEL FROM REVIE LAND LAND			
3480 N. UNIVERSITY DR. SUNRISE FL 33351 US					3480 N. UNIVERSITY DR. SUNRISE FL 33351-6722 US								
00				•	,				3.	Date Incorporated or Qualified 09/28/1994		of Last R 2/1996	leport
2. Principal P	lace of Busine	SS		2a.	Mailing Address				4.	FEI Number		Aŗ	optied For
21				26						65-0523709		····	ot Applicable
Suile, Apt #, etc					Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State					City & State				6.	6. Election Campaign Financing \$5.00 May Be			
23					28					Trust Fund Contribution L Added to Fees			
Zip		Country	}		Zip	\vdash	ountry		8.	This corporation has liability for i			. 199.032,
24	9 Name 8	5 nd Address of		29	tered Agent	30]	Ţ		10	Florida Statutes Name and Address of New Re	Yes		
744	KERI, SHAHA		Ourient II	- Alb	ioroa Agont		81	Name	10.	Hallie Brie Hedrices Of Herr He	Jiscolan V	30111	
										····			
3480 N UNIVERSITY DR SUNRISE FL 33351							82	Street #	Address (P.O. Box Number is Not Acceptable)				
							63		,^,				
							84	City	,·		FL	85 Zip	Code
44 Dura and	to the provision	na of Contions (:07 0E00 o	246	07 1ED9 Florido Stati	too the		namad	corporatio	on submite this statement for the p		handing	to registered
office or r	registered age rm familiar with	nt, or both, in th n, and accept th	ie State of e obligatio	Florio ns of	da. Such change was f, Section 607,0505, F	authoriz Torida St	ed by latutes	the corp	poration's I	on submits this statement for the p board of directors. I hereby accep	the appo	intment as	registered
SIGNATURE													
	Signature, typed of	ported name of regis						arutsogia (n	required wher		DATE		
12.	D	OFFICE	RS AND D	HEC	DELETE	13			· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		Change	Addition
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7500 COUTHOATE DIVID					1.2 NA			ADDRESS					
MODTH LAHIDEDDALE CL 33060													
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CITY - ST - ZIP						3.4	CITY-S	T-ZIP	1				
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STREET ADDRESS						4.3	STREET	address					
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NAME						5.2	NAME						
STREET ADDRESS						53	STREET	ADDRESS	•				
CITY - S1 - ZIP							CITY-S	T-ZIP		: : : : : : : : : : : : : : : : : : :	,		
TITLE					DELETE		TITLE				Į.	Change	Addition
NAME	Į.					6.2	NAME			•			ļ

6.3 STREET ADDRESS 6.4 CITY+ST-ZIP

14. If do hereby certify that the information supplied with this filling 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.