

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 AM 9:14

DOCUMENT # P94000079666 (1)

1. Corporation Name

HEALTH FOODS AND MORE, INC.

Principal Place of Business

~~7530 SAN SALVADORE
BOCA RATON FL 33433~~

Mailing Address

~~7530 SAN SALVADORE
BOCA RATON FL 33433~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

4. FEI Number

65-0526434

Applied For

Not Applicable

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 7035 San Salvador Drive

2a. Mailing Address

26 7035 San Salvador Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23 Boca Raton, FL 33433

27. City & State

28 Boca Raton, FL 33433

24. Zip Country

24 33433

29. Zip Country

29 33433

9. Name and Address of Current Registered Agent

GACHE, RONALD
% BROAD AND CASSEL
400 AUSTRALIAN AVE., STE. 500
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

(NOTE: Registered Agent signature required when restate.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SHOOK, MICHAEL
STREET ADDRESS ~~7035 SAN SALVADORE~~
CITY - ST - ZIP BOCA RATON FL 33433

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 7035 San Salvador Drive
1.4 CITY - ST - ZIP

TITLE D
NAME SHOOK, KATHY
STREET ADDRESS ~~7035 SAN SALVADORE~~
CITY - ST - ZIP BOCA RATON FL 33433

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 7035 San Salvador Drive
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR