

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT #** P94000079666  
1. Corporation Name

**HEALTH FOODS AND MORE, INC.**

**700001841257**  
-05/28/96--01045--025  
\*\*\*225.00

Principal Place of Business Mailing Address  
**5365 Ascot Bend**  
**Boca Raton, FL 33495**

**2. Principal Place of Business**  
**21 SAME AS ABOVE**  
Suite, Apt. #, etc.  
**22**  
City & State  
**23**  
Zip Country  
**24** **25 U.S.A.**

**2a. Mailing Address**  
**26 SAME AS ABOVE**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28**  
Zip Country  
**29** **30**

**3. Date Incorporated or Qualified** 10/31/94  
**3a. Date of Last Report** 3/10/95

**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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**Ronald Gachè**  
**c/o Broad and Cassel**  
**400 Australian Avenue-Suite 500**  
**West Palm Beach, FL 33401**

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85 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 state if applicable \_\_\_\_\_ Name of Registered Agent Signature required when mandatory \_\_\_\_\_ DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE <b>D</b>	<b>Michael Shook</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>7035 San Salvador Drive</b>
STREET ADDRESS	<b>Boca Raton, FL 33433</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>Kathy Shook</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>7035 San Salvador Drive</b>
STREET ADDRESS	<b>Boca Raton, FL 33433</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<b>1</b> TITLE <b>P/D</b>	<b>Marshall Pasekoff</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12</b> NAME	<b>5365 Ascot Bend</b>
<b>13</b> STREET ADDRESS	<b>Boca Raton, FL 33496</b>
<b>14</b> CITY-ST-ZIP	
<b>2</b> TITLE <b>VP/S</b>	<b>Joyce Pasekoff</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22</b> NAME <b>T/D</b>	<b>5365 Ascot Bend</b>
<b>23</b> STREET ADDRESS	<b>Boca Raton, FL 33496</b>
<b>24</b> CITY-ST-ZIP	
<b>3</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32</b> NAME	
<b>33</b> STREET ADDRESS	
<b>34</b> CITY-ST-ZIP	
<b>4</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42</b> NAME	
<b>43</b> STREET ADDRESS	
<b>44</b> CITY-ST-ZIP	
<b>5</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52</b> NAME	
<b>53</b> STREET ADDRESS	
<b>54</b> CITY-ST-ZIP	
<b>6</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62</b> NAME	
<b>63</b> STREET ADDRESS	
<b>64</b> 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 119.07(3)(k), 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:** *Michael Shook*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/17-96* *305 979 3939*  
Date Corporate Phone #  
*05 5-28-96*

CR2E034 (12/95)