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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name	P94000079666
HEALTH FOODS	AND MORE, INC.

700001841257

Principal Place of Business Mailing Address  5365 Ascot Bend  Book Baton RI 33495				-05/28/9601045025 ***225.00				
Boca R	aton, FL 33495			<b>3.</b> Da	te Incorporated or Qualified	3a. Date	of Last Re	port
					0/31/94	3	/10/9	5
2. Principal Plac	ce of Business	2a. Mailing Address		<b>4.</b> FE	Number		A	pplied For
<u> </u>	AS ABOVE	26 SAME AS	ABOVE	6	5-0526434			lot Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Ce	rtificate of Status Desired			Additional
2		27	·					lequired
City & State		City & State			ection Campaign Financing ast Fund Contribution			May Be
3		28						to Fees
Zip	Country	Zip	Country	1	is corporation has liability f irida Statutes 🔲 Y	orimangioleta Yes <b>1731(N</b> o	ax under 5	199.032,
4		29	30		ame and Address of Nev		Agent	
	9. Name and Address of Curren	t Hegistered Agent	81	Name				
400 Au	oad and Cassel stralian Avenue-	-Suite 500 33401	82 83	Street Address (P.O.	Box Number is Not Accep	table)		
west P	alm beach, FL 3	3401	84	City		FL	85 Zip	Code
or registers	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Sect	aa. Such change was autho	rized by the corpo	ration's board of direc	tors. Thereby accept the a	ppointment as	s registered	agent. I am
	Signature, typed or printed name of registered agent OFFICERS AN		Note: Registered Agent	ърчале гервел «Сентем А[	DDITIONS/CHANGES TO C			
12.	OFFICERS AN		13.	Αſ	DITIONS/CHANGES TO C	OFFICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AN Michael Shook	D DIRECTORS  ***********************************	13.	P/D Marsl	nall Paseko	OFFICERS AN		
12.	Michael Shook 7035 San Salvad	D DIRECTORS  ***********************************	13.	P/D Marsl 5365	nall Paseko Ascot Bend	DEFICERS AN		
12. TITLE D .	OFFICERS AN Michael Shook	DIRECTORS  **X***OFLETE  Or Drive  33433	13. 1 1 TITLE 1 2 NAME	P/D Marsl 5365 Boca	nall Paseko	0FFICERS AND F <b>f</b> 33496	<b>K K</b> Ohange	Add tion
12.  INTLE D NAME  STREET ADDRESS	Michael Shook 7035 San Salvad Boca Raton, FL	DIRECTORS  **X***OFLETE  Or Drive  33433	13. 1 TITLE 1 2 NAME 1 3 SIGNET A 1 4 CITY-ST 2 1 TITLE	P/D Marsl 5365 ADDHESS Boca VP/S	nall Pasekon Ascot Bend Raton, FL	0FFICERS AND F <b>f</b> 33496		
12.  TITLE D STREET ADDRESS  CITY-ST-ZIP	Michael Shook 7035 San Salvad Boca Raton, FL Kathy Shook	or Drive 33433	13. 3   TITLE   12 NAME 13 STREEL A 14 CITY - ST	P/D Marsh 5365 Boca VP/S T/D Joyce	hall Pasekon Ascot Bend Raton, FL	0FFICERS AND F <b>f</b> 33496	<b>K K</b> Ohange	Add tion
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s an invarigitation or suppremental annual report is more and accurate and maining signature shot have the same legal effect as it made under perpendion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules, and that my name it, or on an attachment with an address. oath; that the information indicated on the oath; that I am an officer or director of the appears in Block 12 or Block 13 if change

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17-96 30 979 1979 CS 5-78-96