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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000083938 (8)**

1. Corporation Name
HEALTHY YOU FOOD MARKET OF MARCO, INC.

Principal Place of Business	Mailing Address
1029 N. COLLIER BLVD., UNIT 57 MARCO ISLAND FL 34145 US	1029 N. COLLIER BLVD., UNIT 57 MARCO ISLAND FL 34145-2539 US

3. Date Incorporated or Qualified: 11/14/1994
3a. Date of Last Report: 08/06/1996

2. Principal Place of Business
21: 1083 N. Collier BLVD
22 Suite, Apt. #, etc.: Unit #320
23 City & State: Marco Island, FL
24 Zip: 34145
25 Country: USA

2a. Mailing Address
26: 1083 N. Collier BLVD
27 Suite, Apt. #, etc.: Unit #320
28 City & State: Marco Island, FL
29 Zip: 34145
30 Country: USA

4. FEI Number: 65-0537832 ☐ 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

DEWAR, THRESA B
1029 N. COLLIER BLVD., UNIT 57
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name: DEWAR, MARK A
82 Street Address (P.O. Box Number is Not Acceptable): 1083 N. Collier BLVD
83: Unit #320
84 City: MARCO ISLAND FL 85 Zip Code: 34145

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: Mark A Dewar — MARK A DEWAR — 4-5-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E DEWAR, THRESA B ~~1029 N. COLLIER BLVD., UNIT 57~~ MARCO ISLAND FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Dewar, Thresa B 1083 N. Collier BLVD, Unit 320 Marco Island, FL 34145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E DEWAR, MARK A ~~1029 N. COLLIER BLVD., UNIT 57~~ MARCO ISLAND FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Dewar, MARK A 1083 N. Collier BLVD, Unit 320 Marco Island, FL 34145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: Mark A Dewar — MARK A DEWAR — 4-5-97 — 941-3940205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #