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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997		ORPORATIONS			
ſ	MENT # P94000 Y HEALTH PRODUCTS, INC					
Principal Piac	e of Business	Mailing Address				
1313 SOUTH MILITARY TRAIL 1313 SOUTH MILITARY TRAIL			AIL			
STE 314	EACH FL 33442	STE 314 DEERFIELD BEACH FL 334	149.7894			
US	BRIOTI TE GOTTE	US	, 15 , 60 ,	3. Date Incorporated or Qualified	3a. Date of Last Report	
2 Procinal P	Place of Business	2a, Mailing Address	<u></u>	11/29/1994 4. FEI Number	05/01/1996 Applied For	
21	Total of Commons	26		65-0536287	Not Applicable	
Suite Apt.	#. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & Stat	0	City & State	-11111111.		Fee Required	
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζp	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032.	
24	25		30	Florida Statutes	Yes No	
CO.	9. Name and Address of Curren	it Hegistered Agent	81 Name	10. Name and Address of New Ro	gistered Agent	
4040 COUTU MUTADY TOM			<u> </u>	Address (P.O. Boy Number is Not Assests	hla\	
NO. 314			92 311961	82 Street Address (P.O. Box Number is Not Acceptable)		
DEERFIELD BEACH FL 33442						
			84 City		85 Zip Code	
44 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	as the shove-named	cornoration submits this statement for the	Purpose of changing its registered	
office or r	registered agent, or both, in the Stale	of Florida, Such change was a	uthorized by the cor	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE	in to mile that, and decept the oblige	ations of, ocolor 607,5000,710	maa olaloloo.			
Ĺ	Styrist in typed or printed name of registered age		Registered Agent signature		DATE	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition	
NAME	MATHEWS, MICHAEL		1 2 NAME	MATAPAN MICHAEL		
STREET ADDRESS	4851 NE 28TH AVE		1.3 STREET ADDRESS	11825 AFFINITY CT.	#151	
CITY - S1 - ZIP	LIGHTHOUSE POINT FL 33084		1.4 CITY-ST-ZIP	SAN Diego CA. 971	31	
THTLE	VPD	☐ DELETE	2.1 TITLE		Change Addition	
NAME	SONTAG, CAROL MANSFIEL	#400 7	2 2 NAME	1		
STREET ADDRESS	4000 TOWERSIDE TERRACE (MIAMI FL 33138	F 1201	2.3 STREET ADDRESS	}		
CITY-ST-ZIP	STD	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	COSSA, MARY ANNE		3.2 NAME			
STREET ADDRESS		10	3 3 STREET ADDRESS	Í	<u> </u>	
City-\$1-7/5	HILLSBORO BEACH FL 33062		3.4. CITY+ST-ZIP			
III.E	D	DELETE	4.1 TITLE		Change Addition	
NAME CARACT AREPS	SONTAG, DAVID	17	4. 2 NAME			
STREET ADDRESS	4000 TOWERSIDE TERR #120 MIAMI FL 33138	11	4.3 STREET ADDRESS			
CHY-ST-ZIP THLF	D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	D	Change	
NAME	LOW, KATHLEEN		5.2 NAME			
STREET ADDRESS	4851 NE 28TH AVE		5.3 STREET ADDRESS	Low, KATHECH 11325 AFFINITY CT. SAN Diego, CA. 9	#151	
CITY - ST - ZIP	LIGHTHOUSE POINT FL 33064		5.4 CITY - ST - 2IP	SANDIESO CA. 9	2131	
TITLE		☐ DELETE	61 TITLE		Change Addition	
NAME FINES ANDROSE			6.2 NAME			
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
CITT OF ZIP			■ D.4 UII1-31-4IF	Ī		

14. I do hereby certify all the information supplied with the filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated by this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or directly of the corporation or the receiver at 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:

ONATURE AND TYPE OF SERVING OFFICER OR DIRECTOR

3-21-97

(954) 421-6646

FILED

Mar 28 1997 8:00am

Secretary of State

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