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

CORPORATION ANNUAL REPORT



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

1996

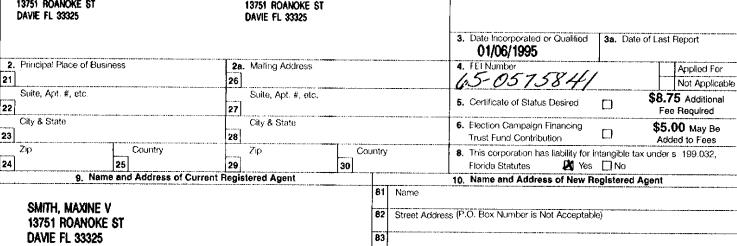
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Corporation Name	•				 \-/
ALTERNATIVE	HEALTH	PRODU	CTS, I	INC.	

Principal Place of Business 13751 ROANOKE ST

Mailing Address

13751 ROANOKE ST



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.

84 City

SIGNATURE.	Signature: Typed or printed harne of registered agent and the if applicable				
12.	OFFICERS AND DIRECTORS		Registered Agont's gnature required when ministating? DATE		
TITLE	DPST DELLAS AND DIRECTORS	13. ETE 1.110E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME .	SMITH, MAXINE V		Change Addition		
	13751 ROANOKE ST	1.2 NAME			
Street address		1.3 STREET ADDRESS			
CITY-ST-ZIR	DAVIE FL 33325	1,4 City-ST-2IP			
TITLE	C DEL	ETE 2.1 TITLE	Change Addition		
NAME		2.2 NAME			
STREET ADDRESS		2 3 STREET ADDRESS			
CITY-ST-712		2.4 CHY-ST-7IP			
TITLE	[DEL	ETE 3 1 TITLE	Change Addition		
NAME		3.2 NAME			
STREET ADDRESS		33 STREET ADDRESS			
CITY-\$1-7/P		3.4 CITY-ST-ZIP	•		
TITLE	[_] DEL	ETE 4 1 TITLE	Change Addition		
NAME		4.2 NAME .	200001833932		
STREET ADDRESS		4.3 STREET ADDRESS	200001833932 -05/22/9601019039		
CITY-ST-ZIP		4.4 CITY - ST - 2IP	***200.00		
TITLE	[] DEL	ETE 5. 1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS	2 70		
CITY-ST-ZIP		5.4 CHTY-ST-7IP	1		
TITLE	☐ D£t l	ETE: 6.1 HTLE	hange ZA dding.		
NAME		6.2 NAME			
STREET ADDRESS		6 3 STREET ADDRESS			
CITY OF 710		0.4000.07.70			

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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maxine 12

CR2E034 (12/95)

Zio Code

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