


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

FILED  
Jun 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000008400

1. Corporation Name

DYNAMIC HEALTH CONCEPTS, INC. d/b/a  
Experimental and Applied Sciences Distribution

Principal Place of Business

Mailing Address

6105 Cyril Avenue  
Orlando, FL 32809

As of: 04/15/97: 4440-B Metric Drive  
Winter Park, FL 32792

2. Principal Place of Business	2a. Mailing Address
21 Same as above	26 Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
01/25/95	01/01/96
4. FEI Number	Applied For
65-0552024	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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lewis Rinder P.A.  
1060 SW Martin Downs Blvd  
Palm City, FL 34990

81 Name	Robert Tischer
82 Street Address (P.O. Box Number is Not Acceptable)	1818 Whitney Way #200
83	
84 City	Winter Park
85 Zip Code	FL 32792

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 of registration from [old address] to 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:  Robert Tischer, President 03/28/97

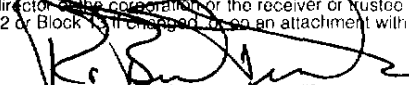
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Sergio Oliveira
STREET ADDRESS		1.3 STREET ADDRESS	24188 Genesee
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Golden, CO 80401
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Secretary
STREET ADDRESS		2.3 STREET ADDRESS	Pam Oliveira
CITY-ST-ZIP		2.4 CITY-ST-ZIP	24188 Genesee
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Golden, CO 80401
STREET ADDRESS		3.3 STREET ADDRESS	President
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Robert Tischer
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	1818 WHITNEY WAY #200
STREET ADDRESS		4.3 STREET ADDRESS	WINTER PARK, FL 32792
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	VP of Sales
STREET ADDRESS		5.3 STREET ADDRESS	Steve Pancoski
CITY-ST-ZIP		5.4 CITY-ST-ZIP	510 Breezewood
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Mechanicsburg, PA 17055
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, as an attachment with an address.

SIGNATURE:  Robert Tischer, President 03/28/97 (407)888-3190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)