SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



M.ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000019479 (1)

97 JUL 23 AM 11:02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

HEALT , INC.	'H SOURCE VITAMINS, N	iatural foods, juic	E BAR					
Principal Place of Business Mailing Address					I FBBILLOI III IDIDI DIII	. BBIII BBIII BBIII BAIBI I	.	
10111 SAN .	JOSE BLVD.	10111 SAN JOSE BL	10111 SAN JOSE BLVD.					
UNIT 12	IP PI AGGE	UNIT 12				IOT MINITE IN THE	2 004 05	
JACKSONVIL	LE FL 3225/	JACKSONVILLE FL 32	JACKSONVILLE FL 32257			NOT WRITE IN THIS		
					3. Date Incorporated or		Date of Last Report	
2 Principal F	Place of Business	2a, Mailing Address			03/09/1995 4. FE⊟Number		02/06/1996	
21		<u>├</u> -1	26				Applied For Not Applicable	
Suite, Apt #, etc.			Suite, Apt. #, etc.				\$8.75 Additional	
22		——————————————————————————————————————	27			Desired	Fee Required	
City & State		City & State				inancing	\$5.00 May Be	
23		28	28			on 🗆	Added to Fees	
Zip	Country	Ζφ	Count	ry	8. This corporation owe	s or has paid the c		
24	25	29	30		Personal Property Ta		☐ Yes ☐ No	
	g. Name and Address of Cu	rrent Registered Agent			10. Name and Address	of New Registered	d Agent	
	VRROLL, LORRAINE A		8	1 Name				
10111 SAN JOSE BLVD.			8:	2 Street	Address (P.O. Box Number is No	dress (P.O. Box Number is Not Acceptable)		
	NIT 12							
JA	CKSONVILLE FL 32257		8:	3				
			8	4 City			85 Zip Code	
			1			FI	L 63 2.10 Gode	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Sta	atutes, the a o	ve-named	d corporation submits this statement poration's board of directors. I have	nt for the purpose	of changing its registered	
agent. I a	registered agent, or both, in the Si im familiar with, and accept the of	bligations of, Section 607.0505,	, Florida Sta iti	es.	porations poard of directors 1 no	reby accept the ap	pomiment as registered	
SIGNATURE								
	Signature, typed or printed name of registered	~		goni signature	e required when reinstating)	DATE		
12. THLE	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGE	STO OFFICERS AN I E CARROLL	ND DIRECTORS IN 12 Change Addition	
	CARROLL, LORRAINE A.	_ bittie	1.1 TITLE		4013 Jebb Island Cir	cia East 2		
NAME	4088 LAURELWOOD DRIV	rc:	1.2 NAME		4013 Jebb Island Cir Jacksonville, FL 3	2224 4	new address	
STREET ADDRESS	JACKSONVILLE FL	· C		ET ADDRESS	President			
CITY-ST-ZIP TITLE	DAONOONVILLE I'L	DELETE	1.4 CITY - 2 1 TITLE		reducern		Change Addition	
NAME		L. Dittit				and the same of the same of		
			2.2 NAME		3000	JUごご45 07/20/07	99793 -01020019	
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE		DELFIE	2. 4 CHY	-S1-ZIP		****165.00	Change Addition	
NAME			3.1 TITLE					
			3.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CHTY 4.1 TITLE				☐ Change ☐ Addition	
NAME		□1 ocreit					□ romaniñe □ vanoideu	
			4.2 NAM					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELFTE	4.4 CHY-				Change Addition	
TINE NAME		☐ Drrt.it	51 TITLE				☐ Change ☐ Addition	
			5.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE		DELFTE	5.4 CITY -				// Change Addition	
		□ nerue	6.1 TITLE			(1.01)	Andrew Modition	
NAME expect aboutee			6.2 NAME			U. ~1	121911	
SYREET ADDRESS				1 ADDRESS		41	2011	
CITY-ST-ZIP	by certify that the information sund	olied with this filing done not a	6.4 CiTY-		tated in Section 110 07/3Vi). Flor		•	

The increase of the control of the composition of the exemption stated in Section 119.07(3)(i), Florida Statules, 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 Statules; and that my name appears in Block 12 or Block 13/0; hanged, or on an attachment with an address.

pg.292

JOHN B. BLOIS
CERTIFIED PUBLIC ACCOUNTANT, P.A.
2118 PARK STREET
JACKSONVILLE, FLORIDA 32204-3812

TELEPHONE 389-1331

July 16, 1997

Department of State
Tallahassee, FL 32302-1500

Gentlemen:

I do the accounting work for Health Source Vitamins, Natural Foods, Juice Bar, Inc. We post the checks monthly. We ran a Disbursement Journal February 25, 1997. (see attached). The check #1673 for \$165.00 to the Secretary of State was recorded as written on January 3, 1997. We have carried it as outstanding on bank reconcillations. The Corporation is not short of funds in the bank. There is no reason the Corporation would hold this check.

Please waive the penalty as this check must have been lost in the mail.

Sincerely,

John B. Blois, C.P.A., P.A.

JBB/wb

Enclosures