FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000021069 (6)

1. Corporation Name
FOR YOUR HEALTH, INC.

Principal Place of Business
4106 ALTERNATE 27 N.
LAKE WALES FL 33853

Mailing Address
4106 ALTERNATE 27 N.
LAKE WALES FL 33853

3. Date Incorporated or Qualified: 03/15/1995
3a. Date of Last Report:

2. Principal Place of Business
21 4106 ALT 27 N
Suite, Apt. #, etc
22
City & State
23 LAKE WALES FL
Zip 24 33853 Country 25 USA

2a. Mailing Address
26 4106 ALT 27 N
Suite, Apt. #, etc.
27
City & State
28 LAKE WALES FL
Zip 29 33853 Country 30 USA

4. FEI Number: 59-3308855 ☐ 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

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: BARBARA A. HODGKINSON
82 Street Address (P.O. Box Number is Not Acceptable): 4106 ALT 27 N
83
84 City: LAKE WALES FL 85 Zip Code: 33853

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: Barbara A. Hodgkinson, President BARBARA A. HODGKINSON 4-21-96
Signature, typed or printed name of registered agent and title if applicable / DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HODGKINSON, BARBARA A	
STREET ADDRESS	4106 ALTERNATE 27 N.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VP	☐ DELETE
NAME	HODGKINSON, JOHN W.	
STREET ADDRESS	4106 ALT 27 N	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VP	☒ DELETE
NAME	CUENCA, JOAN M.	
STREET ADDRESS	646 S. VAN BUREN	
CITY-ST-ZIP	BATAVIA IL 60510	
TITLE	VP	☒ DELETE
NAME	SMITH, LAURA J.	
STREET ADDRESS	646 S. VAN BUREN	
CITY-ST-ZIP	BATAVIA IL 60510	
TITLE	S	☐ DELETE
NAME	HODGKINSON, BARBARA A.	
STREET ADDRESS	4106 ALT 27 N	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	T	☐ DELETE
NAME	HODGKINSON, BARBARA A.	
STREET ADDRESS	4106 ALT 27 N	
CITY-ST-ZIP	LAKE WALES FL 33853	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: Barbara A. Hodgkinson 4-21-96 941-676-1513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (12/95)