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Apr 30 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 # P95000021069 (6)

1. Corporation Name

FOR YOUR HEALTH, INC.

Principal Place of Business

4106 ALT 27 N
LAKE WALES FL 33853
US

Mailing Address

4106 ALT 27 N
LAKE WALES FL 33853-7624
US

3. Date Incorporated or Qualified
03/15/1995

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 4106 N. SCENIC HWY
Suite, Apt. #, etc.

22 City & State
23 LAKE WALES FL

24 Zip 33853-7624 25 Country US

2a. Mailing Address

26 4106 N. SCENIC HWY
Suite, Apt. #, etc.

27 City & State
28 LAKE WALES FL

29 Zip 33853-7624 30 Country US

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

HODKINSON, BARBARA A
4106 ALT 27 N
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name HODGKINSON, BARBARA A.
82 Street Address (P.O. Box Number is Not Acceptable)
4106 N. SCENIC HWY
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, PST

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

(NOTE: Registered Agent signature required when reinstating)

4-23-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME HODGKINSON, BARBARA A
STREET ADDRESS 4106 ALTERNATE 27 N.
CITY-ST-ZIP LAKE WALES FL 33853

TITLE VP
NAME HODGKINSON, JOHN W
STREET ADDRESS 4106 ALT 27 N
CITY-ST-ZIP LAKE WALES FL 33853

TITLE VP
NAME CUNNEA, JOAN M
STREET ADDRESS 646 S. VAN BUREN
CITY-ST-ZIP BATAVIA IL 60510

TITLE VP
NAME SMITH, LAURA J
STREET ADDRESS 646 S. VAN BUREN
CITY-ST-ZIP BATAVIA IL 60510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4106 N. SCENIC HWY
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 4106 N. SCENIC HWY
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, or on an attachment with an address.

SIGNATURE:

Barbara A. Hodgkinson, BARBARA A. HODGKINSON 4-23-97 941 676 1513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0390001

CR2E034 (9/96)