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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000028526 (8)

1. Corporation Name
NATURE'S THERAPY, INC.



Principal Place of Business

~~G/O 1805 N. FLORIDA AVENUE
 TAMPA FL 33602~~

Mailing Address

~~G/O 1805 N. FLORIDA AVENUE
 TAMPA FL 33602~~

3. Date Incorporated or Qualified
04/06/1995

3a. Date of Last Report
06/11/1996

2. Principal Place of Business

21 **102 WHITAKER Rd**

2a. Mailing Address

26 **102 WHITAKER Rd**

4. FEI Number
59-3329914

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State

LOTZ, FL

28 City & State

LOTZ, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip

25 Country

33549 USA

29 Zip

30 Country

33549 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SHULER, JAMES M
 1505 N. FLORIDA AVENUE
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 **D** DELETE
 NAME **SHULER, JAMES M**
 STREET ADDRESS **1505 N. FLORIDA AVENUE**
 CITY - ST - ZIP **TAMPA FL 33602**

1.1 TITLE **P.T.D.** Change Addition
 1.2 NAME **ROGER LADD**
 1.3 STREET ADDRESS **102 WHITAKER Rd**
 1.4 CITY - ST - ZIP **LOTZ, FL 33549**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

2.1 TITLE **S.D.** Change Addition
 2.2 NAME **ROCKY PAGLIARULO**
 2.3 STREET ADDRESS **102 WHITAKER Rd**
 2.4 CITY - ST - ZIP **LOTZ, FL 33549**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 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 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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 (813) 949-0498
 Date Daytime Phone #

CR2E034 (9/96)