

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #P95000042682			
1. Corporation Name			
NATURAL ALTERNATIVES VITAMINS INC			
Principal Place of Business		Mailing Address	
P O BOX A 11, CLEARWATER, FL 34622 3765 Ulmerton Rd.			
2. Principal Place of Business		2a. Mailing Address	
21 P O BOX A 11 Suite, Apt. #, etc.		26 P O BOX A 11 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 CLEARWATER, FL Zip Country		28 CLEARWATER, FL Zip Country	
24 34622		29 34622	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JACK P DIAMOND SR P O BOX A 11 27 Williamsburg Dr, 3765 Ulmerton Rd CLEARWATER, FL 34622 Clearwater 34622		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City 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: X (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
PRES, TREAS & DIR J P DIAMOND SR 27 WILLIAMSBURG DR CHESHIRE, CT 06410		13.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
SEC & DIR J P DIAMOND JR 350 BRISTOL ST, UNIT D-8 WATERBURY, CT 06708		13.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13.7 TITLE NAME STREET ADDRESS 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.			
SIGNATURE: X John P. Diamond Pres. 3/29/96 (203) 272-2275			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
JOHN P. DIAMOND PRES.			