FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT DIVISION OF CORPORATIONS 1996 P95000043107 (8) DOCUMENT # Corporation Name TRUE NATURE INC. Principal Place of Business Mailing Address 631 SE 6 TERRACE 631 SE 6 TERRACE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 3. Date Incorporated or Qualified 3a. Date of Last Report 05/25/1995 2. Principal Place of Business 2a. Mading Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Courts 8. This corporation has liability for intangible tax under s. 199.032. Zıp Country Yes No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NAIDS, ROBERT Street Address (P.O. Box Number is Not Acceptable) **631 SE 6 TERRACE** POMPANO BEACH FL 33060 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the air registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. named corporation submits this statement for the purpose of changing its registered office pration's board of directors. Thereby accept the appointment as registered agent. Lam SIGNATURE DATE it signature required when rentalating? Signature: typical or ported representing of registere tage, the of the ill appenable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Add-tion DELETE TITLE NAIDS, ROBERT NAME 631 SE 6 TERRACE STREET ADDRESS CAPORESS POMPANO BEACH FL 33060 CITY - ST - ZIP ☐ Addition Change DELETE 2.1 T TITLE NAME 22 NA STREET ADDRESS 23 SIR T ADDRESS CITY-ST-ZIP 2.4 CrT1-S1-ZP DELETE Change Addition TITLE 3.1 1/1/18 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP City+ST-7iP Addit on DELFTE 4 1 1111 TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY ST-ZIP CHY-ST-ZIP Change Addition [] DELETE 5 'TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 7 P CHTY - ST - ZIP DELETE Change : Addition 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY-\$1-ZIP 14. I do hereby certify that the information supplied with this filing is vo'untarily 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 supplier ental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am an officer or director of the corporation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR