SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



COF ANNU	RPORATION JAL REPORT 1996		Sandra E Secreta	RTMENT OF STATE B. Mortham Bry of State CORPORATIONS			
1	MENT # P(950000452	259 (5)				
renro	NUTUR	SPURIS, INC.				I IEBURA UK KATERANU BANK ARIK ARIK A	NI KATURANA BARAN BANGA KATAN BANGA
Principal Plac	e of Business	Mailing	Address				
4179 RED OAK DRIVE P.O. BOX 708							
TALLAHASSEE FL 32311 HAVANA FL 32333							
						3. Date Incorporated or Qualified 06/06/1995	3a. Date of Last Report
· ·	lace of Business	├ ¬	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt	#, etc	26 Suite	Suite, Apt. #, etc.			59-3320679	Not Applicable \$8.75 Additional
22					5. Certificate of Status Desired	Fee Required	
City & Stati	e	City :	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country			Country		This corporation has liability for	
24	25	29		30		Florida Statutes	Yes No
		s of Current Registered	Agent	81 Nan	ne	10. Name and Address of New Re	gistered Agent
	ROBEL, JOHN C	FA					
COUNTRY CLUB ESTATES HAVANA FL 32333				82 Stre	et Addre	ss (P.O. Box Number is Not Acceptab	ole)
	WHITE 02000			83			
				84 City			85 Zip Code
11. Pursuant	In the provisions of Soction	nge 607 0502 and 607 150	NR Florida Statute	ne the above name	rd porco	ation submits this statement for the pi	
office or re	egistered agent, or both m familiar with, and acce	in the State of Florida, Such	ch change was a	uthorized by the co	rporation	ation sobrints tins statement for the priss board of directors. I hereby accept	t the appointment as registered
SIGNATURE	miramiliar with, and acce	pt the obligations of, 38cti	OH 607.0303, FIS	anda Statutes			
		of registered agent and title it applies		: Registere l'Agent signa	ture require:	······································	()4't
TITLE	P 0,	FICERS AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME	Andrew J	Khandiian		1.2 NAME			7
STREET ADDRESS		Oak Drive		1.3 STREET ADORES	ss		037
CITY - ST - ZIP		ee_FL_32311	···········	1.4 CITY - \$1 - 2IP			
TITLE NAME	S & T		DELETE	2 1 TITLE	İ		Change Addition C
STREET ADDRESS	John C St N/A P O			2.2 NAME 2.3 STREET ADDRES			
CITY-SE-ZIP	Havana FL	2 4 CITY - ST-ZIP	»				
TITLE			DELETE	3 1 TITLE	1		Change Addition
NAME				3 2 NAME			
STREET ADDRESS				3 3 STREET ADDRES	s		
CITY-ST-ZIP TITLE			DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	· 		Change Addition
NAME				4 2 NAME			Change Add-not
STREET ADDRESS				4 3 STREET ADDRES	is		
CITY - ST - ZIP		u - L	· p · · · ·	4 4 CITY - ST - ZIP			
TITLE			DELETE	5.1 TillE			Change Addition
NAME STREET ADDRESS				5 2 NAME			
CITY-ST-ZIP				5.3 STREET ADDRES 5.4 CITY - ST - ZIP	13		
TITLE			DELETE	61 THE			Change Addition
NAME				6 2 NAME			
STREET ADDRESS				6.3 STREET ADDRES	s		
CITY-ST-ZIP	ov certify that the informat	on supplied with this files	n is voluntarily for	64 CHY+ST-ZiP	ot qualifi	for the exemption stated in Section 1	10.07/2Vk3 Florida Chabitan I
further cei	rtity that the intom p tion in	ndicated on this afficial rep	port or suppleme	ntal annual report i	s true an	rior the exemption stated in Section 1 d accurate and that my signature sha o execute this report as required by C	If have the same legal effect as if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C Strobel

8-5-96 904-539-7217 Daylore Phote: #