FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P95000065878

1. Corporation Name
NATURE'S EDGE, INC.

Principal Place of Business
699 NW AIROSO BLVD.
PORT ST. LUCIE, FL 34983

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: AUGUST 25, 1995
4. FEI Number: 65-0608904 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒X $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business
21 SAME AS ABOVE
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25 ST. LUCIE

2a. Mailing Address
26 SAME AS ABOVE
Suite, Apt. #, etc.
27
City & State
28
Zip
29 34983
Country
30 USA

9. Name and Address of Current Registered Agent
ROBERT R. GUIMOND
699 NW AIROSO BLVD.
PORT ST. LUCIE, FL 34983

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

800002504048--8
-04/28/98--01123--003
****908.75 ****908.75

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] President

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT & DIRECTOR	☐ DELETE
NAME	ROBERT R. GUIMOND	
STREET ADDRESS	699 NW AIROSO BLVD.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	**REINSTATEMENT** 4/24/98	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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] President