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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000028640

A - Z HOME REMEDIES, INC.

Principal	Place	of	Business

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90007 014 \*\*\*150.00



	Of Dusiness								
731 CONCH SHI PLANTATION FL		731 CONCH PLANTATIO	i shell manor N FL 33324			DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed			
	*:					04/02/1996			
O Defendant Di	ace of Business	2a. Mailing	Address	<del></del>	·	4. FEI Number	Applied For		
Z. Principal Pi	ace of Business	·				65-0651897	Not Applicable		
21	<u> </u>	26	1 -t # oto :				_\$8.75 Additional		
Suite, Apt. i	#, etc		Apt. #, etc			5. Certifcate of Status Desired	Fee Required		
22	·	27				<u> </u>	<del></del>		
City & State	)	City &	State			6. Election Campaign Financing	\$5.00 May Be Added to Fees		
23	•	28				Trast and Contribution			
Zip	Country	Zip		Country	,	8. This corporation owes the current year intangible			
<b>—</b> '	25	29	30	30		Personal Property Tax.			
24	9. Name and Address of Curr		gent			10. Name and Address of New Registered	Agent		
	J. Hame and Advanced	14. 72. 50. 1	* .	81	Name				
ORE	RG, JOHN R	/	•				·		
		1	/	82	82 Street Address (P.O. Box Number is Not Acceptable)				
	CONCH SHELL MANOR	1/1	<i>)</i>	-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	145 8 12 2 2 2 2 18 1 34 2 4 5		
PLA	VTATION FL 33324	- //	// l:	83		· · · · · · · · · · · · · · · · · · ·			
•		· ///	7 11/	84	City		85 Zip Code		
	· · · · · · · · · · · · · · · · · · ·	× //	7.4V		1 '	FL.			
-A. A. A	50-4	E02 and 607 1509	Florida Statutes	the abov	e-named corp	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing its registered		
11. Pursuant	to the provisions of Sections 607.0	te of Florida. Such	change was auth	orized by	the corporation	on's board of directors. I hereby accept the appoin	ntment as registered		
agent. I a	m familiar with, and accept the obli	gations of Section	ń 607/0\$05, Florida	a Statutes	S	•	•		
		////	I!I = I						
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicably	(NOTE: Re	gistered Age	nt signature require	d when reinstating) > DATE	D DIDECTORS IN 12		
12.	OPFICERS A	AND DIRECTOR'S	·	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition		
TITLE	P		DELETA	1.1 HILE			[] Criange [] Addition		
-	OBERG, JOHN R		>	1.2 NAME		·			
NAME	731 CONCH-SHELL MANOR	,		1 3 STREE	TADDRESS				
STREET ADDRESS					1		•		
CITY-ST-ZIP	PLANTATION FL			1.4 CITY-5	SI-ZIP				
TITLE							☐ Change ☐ Addition		
NAME '			DELETE	2.1 TITLE			Change Addition		
		•	☐ DELETE	2.1 TITLE 2.2 NAME			Change Addition		
			☐ DELETE	2.2 NAME	ET ADDRESS		☐ Change ☐ Addition		
STREET ADDRESS			☐ DELETE	2.2 NAME 2.3 STREE	ET ADDRESS		, and the second		
STREET ADDRESS CITY-ST-ZIP		<u> </u>	☐ DELETE	2.2 NAME	ET ADDRESS		Change Addition		
STREET ADDRESS CITY-ST-ZIP TITLE	2a at (a			2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	ST-ZIP		, and the second		
STREET ADDRESS CITY-ST-ZIP		State to program		2.2 NAME 2.3 STREE 2. 4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE	Za, al (g) al Selection as Selection (g)	State to prove		2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP  ET ADDRESS		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TALED A STATE OF THE STATE OF T	State to a second	☐ DELETE	2.2 NAME 2.3 STREE 2. 4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP  ET ADDRESS		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TATELER OF THE			2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TATE A STATE OF THE PROPERTY O		☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SERVICE SERVICES		☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SERVICE SERVICES		☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SERVICE SERVICES		☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP ST-ZIP		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SERVICE SERVICES		☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		Change Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SERVICE SERVICES		☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SERVICE CONTROL OF THE		☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ANTERIA DE LA COMPANSIÓN DE LA COMPANSIÓ		☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	SERVICE SERVICES		☐ DELETE ☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	ET ADDRESS ST-ZIP  ST-ZIP		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SERVICE CONTROL OF THE		☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ST-ZIP  ET ADDRESS ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	SERVICE CONTRACTOR OF THE SERVICE CONTRACTOR		☐ DELETE ☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.4 CITY- 6.1 TITLE 6.2 NAME 6.3 STREE 6.2 NAME	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ST-ZIP  ET ADDRESS ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition		

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 any 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed or or an attachment with an address, with all other like empowered.

SIGNATURE: