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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000036981 (4)

1. Corporation Name

A HEALTHY ALTERNATIVE, INC.

Principal Place of Business

22959 BAYSHORE RD.
PORT CHARLOTTE FL 33980

Mailing Address

22959 BAYSHORE RD.
PORT CHARLOTTE FL 33980-2000

3. Date Incorporated or Qualified

04/30/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0709412

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RICE, GREG
2486 CARINS WAY, #13A
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ADAMS, BRUCE
STREET ADDRESS 3705 TOULOUSE CT.
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE D ☐ DELETE
NAME ODASZ, TODD
STREET ADDRESS 21240 GAYLORD AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33954

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 D/PIC ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME MORSE, ROBERT
3.3 STREET ADDRESS 214 ROCKAWAY STREET
3.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33954

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME JENSEN, BERNARD
4.3 STREET ADDRESS 24360 OLD WAGON ROAD
4.4 CITY-ST-ZIP ESCONDIDO, CA 92027

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME SPLAVEC, RUDY
5.3 STREET ADDRESS 226 ORTIZ BLVD.
5.4 CITY-ST-ZIP WARM MINERAL SPRINGS, FL 34287

6.1 TITLE S ☐ Change ☒ Addition
6.2 NAME DOWLER, MARSHA
6.3 STREET ADDRESS 16109 CANUS AVENUE
6.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33954

14. I do 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: *Bruce Adams* *Adams* 4/24/97 (941) 766 1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)