

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90003 015 ***150.00

DOCUMENT # P96000036981

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1996

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ADAMS, BRUCE
3705 TOULOUSE CT
PUTNA GORDA FL 33950

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 DPC ☐ DELETE

NAME ADAMS, BRUCE
STREET ADDRESS 3705 TOULOUSE CT.
CITY-ST-ZIP PUNTA GORDA FL

TITLE V ☐ DELETE

NAME ODASZ, TODD
STREET ADDRESS 21240 GAYLORD AVE.
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☒ DELETE

NAME MORSE, ROBERT
STREET ADDRESS 214 ROCKAWAY STREET
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☒ DELETE

NAME JENSEN, BERNARD
STREET ADDRESS 24360 OLD WAGON ROAD
CITY-ST-ZIP ESCONDIDO CA

TITLE D ☒ DELETE

NAME SPLAVEC, RUDY
STREET ADDRESS 226 OZTIZ BLVD
CITY-ST-ZIP WARM MINERAL SPRINGS FL

TITLE S ☒ DELETE

NAME DOWLER, MARSHA
STREET ADDRESS 16109 CAMUS AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME T
BRUCE ADAMS

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 (941) 766-1800

Date

Daytime Phone #

CR2E034 (11/98)

0452887