


**FILED**  
**Jun 04, 1999 8:00 am**  
**Secretary of State**

06-04-1999 90006 015 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 1. Corporation Name <b>KNOUR, HEALTH, INC</b>			
Principal Place of Business <b>4761 Bayou Blvd #4</b> <b>PENSACOLA, FL 32503</b>		Mailing Address <b>4761 Bayou Blvd #4</b> <b>PENSACOLA, FL 32503</b>	
2. Principal Place of Business 21 <b>4761 Bayou Blvd</b> Suite, Apt. #, etc. 22 <b>#4</b> City & State 23 <b>PENSACOLA</b> Zip 24 <b>32503</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>4761 Bayou Blvd</b> Suite, Apt. #, etc. 27 <b>#4</b> City & State 28 <b>PENSACOLA</b> Zip 29 <b>32503</b> Country 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>MICHAEL ROSENBLUM</b> <b>1735 N. BARCELONA</b> <b>PENSACOLA, FL 32501</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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 <b>Michael Rosenblum</b> DATE <b>6/2/99</b> Signature, typed or printed name of registered agent (delete if applicable) (NOTE: Registered Agent signature required when reinstating)			
12. <b>President</b> OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.1 <b>ANTOINETTE KNOUR</b> 1.2 <b>90 Avenue Felix Faure</b> 1.3 <b>75015 PARIS France</b> 1.4 2.1 <b>MICHAEL ROSENBLUM</b> 2.2 <b>1735 N. BARCELONA</b> 2.3 <b>PENSACOLA, FL 32501</b> 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2 6.3 6.4		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Rosenblum**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)