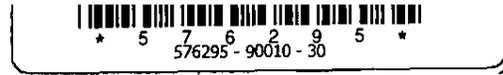


FILED  
Jun 04, 1999 8:00 am  
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**  
1. Corporation Name  
**Knour, Health, Inc**



Principal Place of Business Mailing Address  
**4761 Bayou Blvd #4  
PENSACOLA, FL 32503**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4761 Bayou Blvd</b>	2a. Mailing Address 26 Suite, Apt. #, etc. <b>#4</b>	4. FEI Number <b>59-3388001</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
22 City & State <b>PENSACOLA</b>	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip <b>32503</b>	28 Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30

3. Date Incorporated or Qualified  
**June 3, 1996**

9. Name and Address of Current Registered Agent  
**MICHAEL ROSENBLUM  
1735 N. BARCELONA  
PENSACOLA, FL 32501**

8. This corporation owes the current year Intangible Personal Property Tax.  
 Yes  No

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]* DATE **6/2/99**

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

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>ANTOINE KHOURI</b>
STREET ADDRESS	<b>90 Avenue Felix Faure</b>
CITY-ST-ZIP	<b>75015 PARIS France</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>MICHAEL ROSENBLUM</b>
STREET ADDRESS	<b>1735 N. BARCELONA</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 32501</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**N/A**

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: *[Signature]* DATE: **6/2/99** (859) 479-7220

CR2E034 (11/98)