


4-29-97 B 5748 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P96000052956 (5)</b> 1. Corporation Name <b>NATURE PLUS ONE INC.</b>			
Principal Place of Business <b>810 - 9TH AVE., S. LARGO FL 33770</b>		Mailing Address <b>810 - 9TH AVE., S. LARGO FL 33770</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip <b>33770</b> 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip <b>33770</b> 29 Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>SENN, MICHAEL 810 - 9TH AVE., S. LARGO FL 33770</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 12.1 NAME <b>D SENN, MICHAEL 810 - 9TH AVE., S. LARGO FL 33770</b> <input type="checkbox"/> DELETE 12.2 NAME <input type="checkbox"/> DELETE 12.3 NAME <input type="checkbox"/> DELETE 12.4 NAME <input type="checkbox"/> DELETE 12.5 NAME <input type="checkbox"/> DELETE 12.6 NAME <input type="checkbox"/> DELETE 12.7 NAME <input type="checkbox"/> DELETE 12.8 NAME <input type="checkbox"/> DELETE 12.9 NAME <input type="checkbox"/> DELETE 12.10 NAME <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.3 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.4 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.5 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.7 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.8 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.9 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>MICHAEL SENN</b>		4/21/97 (813) 5887606 Date Daytime Phone #	



CR2E034 (9/96)