

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000079782 (4)

1. Corporation Name
NATURALLY HEALTHY PRODUCTS, INC.



Principal Place of Business 20 E MELBOURNE AVE STE 105 MELBOURNE FL 32901	Mailing Address 20 E MELBOURNE AVE STE 105 MELBOURNE FL 32901-5970
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3. Date Incorporated or Qualified 09/25/1996	3a. Date of Last Report
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2. Principal Place of Business 21 5155 Palm Dr Suite, Apt. #, etc.	2a. Mailing Address 26 5155 Palm Dr. Suite, Apt. #, etc.	4. FEI Number 65-0698254	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Melbourne Beach FL	28 City & State Melbourne Beach FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 32951	25 Country USA	29 Zip 32951	30 Country USA
24 32951		25 USA	
29 32951		30 USA	

9. Name and Address of Current Registered Agent

CARLSON, JOHN M
20 E MELBOURNE AVE STE 105
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name JOHN M. CARLSON
82 Street Address (P.O. Box Number is Not Acceptable) 5155 Palm Dr.
83
84 City Melbourne Beach FL
85 Zip Code 32951

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 *John M. Carlson* **JOHN M. CARLSON** **4/10/97**
(Print, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	<input type="checkbox"/> DELETE	1.1 TITLE President P/DIC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME John M. Carlson	
STREET ADDRESS		1.3 STREET ADDRESS 5155 Palm Drive	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Melbourne Beach, FL 32951	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *John M. Carlson* **4/10/97** **(407) 729-8399**
(Print, type or print name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)