

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

97 MAY 30 AM 8:05

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF REVENUE
Sanford J. Matham
Secretary of State
DIVISION OF CORPORATIONS

PROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P96000103182 (7)

1. Corporation Name

HEALTHY PRODUCTS INTERNATIONAL, INC.

Principal Place of Business

1130 CLEVELAND ST
SUITE #210
CLEARWATER FL 34615

Mailing Address

~~1130 CLEVELAND ST~~
~~SUITE #210~~
~~CLEARWATER FL 34615~~

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 2840 W. Bay Dr.

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30 USA

9. Name and Address of Current Registered Agent

PERRY, CHARLES
1100 CLEVELAND ST
CLEARWATER FL 34615

3. Date Incorporated or Qualified

12/19/1996

3a. Date of Last Report

4. FEI Number

59-3429291

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 ☐ DELETE

NAME SINGER, DAVID
STREET ADDRESS 1130 CLEVELAND ST
CITY-ST-ZIP CLEARWATER FL 34615

TITLE ☐ DELETE

NAME ~~DAVID~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SINGER, DAVID
1.3 STREET ADDRESS 2840 WEST BAY DR., #225
1.4 CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME MARY BETH NABORS
2.3 STREET ADDRESS 2840 WEST BAY DR., #225
2.4 CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Matthew Matham

3/17/97 (813) 586-1445

CR2E034 (9/96)