

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

FILED
Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthahn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000075323

Global Health Foods Inc.

Principal Place of Business: 30646 m^cTunkin Rd
Dade City, FL 33523-6145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/01/84	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2417019	
24 Country		29 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
				☒ Yes ☐ No	

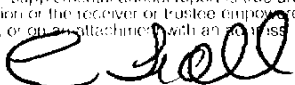
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Trowell, Chadwick		81 Name	
30646 m ^c Tunkin Rd		82 Street Address (P.O. Box Number is Not Acceptable)	
Dade City FL 33523-6145		83	
		84 City	
		FL 85 Zip Code	

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 _____ (NAME) _____ (OFFICE) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE		1.1 TITLE	
D Trowell, Chadwick		☐ Change ☐ Addition	
2. NAME		2.1 NAME	
30646 m ^c Tunkin Rd		☐ Change ☐ Addition	
3. STREET ADDRESS		3.1 STREET ADDRESS	
Dade City, FL 33523-6145		☐ Change ☐ Addition	
4. CITY, ST, ZIP		4.1 CITY, ST, ZIP	
		☐ Change ☐ Addition	
5. TITLE		5.1 TITLE	
		☐ Change ☐ Addition	
6. NAME		6.1 NAME	
		☐ Change ☐ Addition	
7. STREET ADDRESS		7.1 STREET ADDRESS	
		☐ Change ☐ Addition	
8. CITY, ST, ZIP		8.1 CITY, ST, ZIP	
		☐ Change ☐ Addition	
9. TITLE		9.1 TITLE	
		☐ Change ☐ Addition	
10. NAME		10.1 NAME	
		☐ Change ☐ Addition	
11. STREET ADDRESS		11.1 STREET ADDRESS	
		☐ Change ☐ Addition	
12. CITY, ST, ZIP		12.1 CITY, ST, ZIP	
		☐ Change ☐ Addition	

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 if changed, or on an attachment with an affidavit.

SIGNATURE:  8-15-98

CR2E034 (10/97)