PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000105075

1. Corporation Name

NATURALLY YOURS WHOLE FOOD MARKET PLACE, INC.

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90014 029 ***550.00

Principal Plac	e of Business	Mailing Address			
134 MARY'S CHAPEL COURT 134 MARY'S CHAPEL COURT OSPREY FL 34229 OSPREY FL 34229					DO NOT WINTE IN THIS SPACE
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
					01/01/1998
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 766 8A 26					65 - 0800329 Not Applicable
22 South Taniani Trail 27		Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & Stat		City & State			6. Election Campaign Financing \$5.00 May Be
23 Jac	asota, TZ	28			Trust Fund Contribution Added to Fees
Zip	Country	<u>├</u> ──	Country		8. This corporation owes the current year Intangible Personal Property Tax Yes · □ No
24 342	31 25 Sarasota	29 30	- 		Personal Property Tax. Yes · LINo 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81	Name	IV. Hame and Avvicess of Hem Registered Agent
AMÉ	RILAWYER		L		
343 ALMERIA AVENUE CORAL GABLES FL 33134			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
			83	<u> </u>	
501	V		05		
			84	City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered agent		tered Ager	nt signature required	when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CANNATA, JEROME		1.2 NAME		
STREET ADDRESS	134 MARY'S CHAPEL COURT		13 STREET	T ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229		1.4 CITY-S	T-ZIP	
TITLE	SVTD		2.1 TITLE		☐ Change ☐ Additin
NAME	CANNATA, ROSETTA		2.2 NAME		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP	OSPREY FL 34229		2. 4 CITY - 8 3.1 TITLE	ST-ZIP	☐ Change ☐ Addition
TITLE			3.1 HILE 3.2 NAME	(L Stange
NAME STREET ADDRESS		-		T ADDRESS	ب با المحافق با بين الإيكان المحاسد
			3.4. CITY-S		
CITY-ST-ZIP TITLE			4.1 TITLE	,,-2	☐ Change ☐ Addition
NAME		Į.	4. 2 NAME		
STREET ADDRESS		1.	4.3 STREE	TADORESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	Į	
STREET ADDRESS		1		1	
	•			TADDRESS	
CITY-ST-ZIP			5.4 C/TY-S		
TITLE		☐ OELETE			☐ 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 address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE)

NAME

STREET ADDRESS

CITY-ST-ZIP