


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

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FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90083 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000049626					
1. Corporation Name HEALTH SHOPPE HOLDINGS & DISTRIBUTION CO., INC.					
Principal Place of Business 25995 MARSH LANDING PARKWAY PONTE VEDRA BEACH FL 32082			Mailing Address 25995 MARSH LANDING PARKWAY PONTE VEDRA BEACH FL 32082		
2. Principal Place of Business 21 330 AIA N #306		2a. Mailing Address 26 330 AIA N #306		3. Date Incorporated or Qualified 06/01/1998	
Suite, Apt. #, etc. 22 Ponte Vedra Bch,		Suite, Apt. #, etc. 27 Ponte Vedra Bch		4. FEI Number 59-3519987	
City & State 23 FL		City & State 28 FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32082		Zip 29 32082		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LATSHAW, JOHN H JR. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250			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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE NAME WILLIAMS, MICHAEL P STREET ADDRESS 25995 MARSH LANDING PARKWAY CITY-ST-ZIP PONTE VEDRA BEACH FL 32082			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MICHAEL P. WILLIAMS 1.3 STREET ADDRESS 330 AIA N #306 1.4 CITY-ST-ZIP Ponte Vedra Bch, FL 32082		
TITLE <input type="checkbox"/> DELETE NAME CARROLL, CHARLES STREET ADDRESS 10111 SAN JOSE BOULEVARD CITY-ST-ZIP JACKSONVILLE FL 32257			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME CHARLES CARROLL 2.3 STREET ADDRESS 12620-16 Beach Blvd. 2.4 CITY-ST-ZIP Jacksonville, FL 32246		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99 904273401

CR2E034 (11/98)