SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P98000087520

MOTHER NATURES KITCHEN, INC.

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90014 047 ***550.00

Principal Place	e of Busines:	s	Mailing	Address					***** ***** ***** 1000; 01110 (1011 001) 100)
5740 ABSHIRE BLVD			5740 A	5740 ABSHIRE BLVD					
BELLVIEW FL	34420		BELLVI	IEW FL 34420					IN THIS SPACE
								DO NOT WRITE	IN THIS SPACE
								3. Date Incorporated or Qualified 10/12/1998	
2. Principal P	lace of Busin	ess	2a. Mai	iling Address				4. FEI Number	Applied For
21			26					45-0871047	Not Applicable
Suite, Apt.	#, etc.		<u> </u>	te, Apt. #, etc.				5. Certificate of Status Desired	See Descripted
22			27	. B Ctoto					Fee Required
City & Stat	e			y & State	- • •			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	- 1	Country	28 Zip		Cour	ntrv			
24		25	29		30	y		 This corporation owes the current Intangible Personal Property. 	Yes INO
24	9 Name	and Address of Cur		d Agent	130			10. Name and Address of New Reg	
	J. 1141110	and Addition of the	, and , togicis, o			81	Name		
COL	UEY, CLIFF	ORD M							
574	O ABSHIRE	BLVD				82	Street Ad	dress (P.O. Box Number is Not Acceptable	e)
8EL	LVIEW FL:	34420			-	83			
1						84	City		FL 85 Zip Code
					tos the abo			poration submits this statement for the purp	ose of changing its registered
11. Pursuant	t to the provis	sions of sections 607.0	502 and 607.15	08, Florida Statu	iles, trie abc	ove-n	named corp	-til- bd of dis-et t becoke eccept t	he consistence the registered
office or	registered as	ent or both in the St	ate of Florida S	Such change was	: authorized	l by t	he corpora	ation's board of directors. I hereby accept the	he appointment as registered
office or agent. I a	registered as	sions of sections 607.0 gent, or both, in the St vith, and accept the ob	ate of Florida S	Such change was	: authorized	l by t	he corpora	ation's board of directors. I hereby accept to	he appointment as registered
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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.

SIGNATURE