FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#
Corporation Name	

SIGNATURE:

S27210

(1)

LOVE WHOLEFOODS, INC. Principal Place of Business Mailing Address 286 N. NOVA ROAD 286 N. NOVA ROAD					
US	. 02174	US US		 Date Incorporated or Qualified 01/24/1991 	3a. Date of Last Report 01/17/1995
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-3094175	Not Applicable
Suite Apt. #,	e ta	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
] - <i>Z</i> ip	Country	7 _{IP}	Country	Trust Fund Contribution	Auded to Fees
]	25	29	30	8. This corporation has liability for in Florida Statutes	
	9. Name and Address of Curren			10. Name and Address of New R	
			81 Name		
	, MITCHELL E.		82 Street Add	iress (P.O. Box Number is Not Acceptable	le)
	Kebridge Plaza dr.				
#201	ID DEAGLE FL BOATA		83		
URMUN	ID BEACH FL 32174		84 City		85 Zip Code
1. Pursuant to	the provisions of Sections 607 0502	and 607 1508. Florida Statut	tes the above-named corno	ration submits this statement for the pur ard of directors. I hereby accept the appo	FL 89 24 Code
IGNATURE .	and accept the obligations of, Section of the control of the contr	and the paparitable (No	ott: Registered Agent signature require 13.	on when reinstating) ADDITIONS/CHANGES TO OFFI	3/12/96 DATE CERS AND DIRECTORS IN 12
£F .	PD	☐ DELETE	1 1 HILE		Change Addition
M:	BOOTH, MITCHELL E.		1.2 NAME		
REEL ADDRESS	3981 ALCOMA DRIVE		1 3 STREET ADDRESS		
Y S1-Ziř	ORMOND FL	FIDEIGIG	1.4 C/TY - ST - Z/P		
uf Mi	VD	DELF 16	2 1 TITLE		Change Addition
EFT ADDRESS	BOOTH, ANITA-MELANIE 3981 ALCOMA DRIVE		2.2 NAME 2.3 STREET ADDRESS		
Y - ST - ZIP	ORMONDO FL		2.4 CITY-ST-ZIP		
f		☐ DELETE	3 1 TITLE		Change Addition
uli			3 2 NAME	3	· _
EFF ADORESS			3 3 STREET ADDRESS		
× S! ZIP			3 4 CITY - ST - ZIP		
,F		DELETE	4 1 TITLE		☐ Change ☐ Addition
ΔE			4.2 NAME		
SELL ADDRESS			4.3 STREET ADDRESS		
Y-SE ZIP LF		DELETE	4.4 CITY - \$1 - 2IP		☐ Change ☐ Addition
ME		Derret	5 1 TITLE 5 2 NAME		Change Addition
(E) LADORESS			5 3 STREET ADDRESS		
Y - ST - 7:P			5.4 CHTY - ST - ZIP		
LF		☐ DELETE	6 1 TITLE		Change Addition
M:			6.2 NAME		
RELEADORESS			6.3 STREET ADDRESS		
IY-S1-ZIP			64 CITY - ST - ZIP		
 certify that it oath, that it a 	ne information indicated on this annu	al report or supplemental ann ration or the receiver or truste	nual report is true and accura se empowered to execute the	for the exemption stated in Section 119.0 ate and that my signature shall have the is report as required by Chapter 607, Flo	same legal effect as if made under

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 904.677.5256.