

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Laura B. Winters
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FEB 1996

95 MAR -1 13 2:11

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **S43357**

(0)

1. Corporation Name

NATURAL ALTERNATIVES, INC.

Principal Place of Business

2020 N.E. 163RD ST.
SUITE 300
N. MIAMI BEACH FL 33162

Mailing Address

2020 N.E. 163RD ST.
SUITE 300
N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/05/1991** 3a. Date of Last Report **07/06/1994**

4. FEI Number **65-0253071** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. This corporation has adopted an accounting tax calendar ☐ No ☒ Yes

2. Principal Place of Business

21 State Apt # etc

2b. Mailing Address

26 State Apt # etc

22 City & State

27 City & State

23

28

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, KENNETH A., ESQ.
2020 N.E. 163RD ST.
SUITE 300
N. MIAMI BEACH FL 33162

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 607.1501, Florida Statutes, the above named corporation adopts 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 of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DVS
2. NAME	FRIEDMAN, KENNETH A.
3. STREET ADDRESS	2020 N.E. 163RD ST #300
4. CITY, ST, ZIP	N. MIAMI BEACH FL
5. TITLE	DPT
6. NAME	BALDWIN, ELIZABETH N.
7. STREET ADDRESS	2020 N.E. 163 ST. #300
8. CITY, ST, ZIP	N. MIAMI BEACH FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included 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:

Kenneth A. Friedman

Kenneth A. Friedman

4/27/95

305-944-9100