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95 MAY -1 AM 8:33

**CORPORATION
ANNUAL REPORT
1995**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V50769 (1)

1. Corporation Name
NATURE'S WAY FRANCHISING GROUP, INC.

Principal Place of Business Mailing Address
**800 LAKE AVE
LAKE WORTH FL 33460
US** **800 LAKE AVE
LAKE WORTH FL 33460
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/15/1992		3a. Date of Last Report 04/29/1994	
4. FEI Number 65-0353206		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

21. Principal Place of Business		22. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent

**SPINA KAREN M
19944 US 1
TEQUESTA FL 33469**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPINA, KEVIN M
STREET ADDRESS	2715 MEADOWLARK LAN
CITY - ST - ZIP	W PALM BEACH FL
TITLE	V
NAME	SPINA, KEITH M
STREET ADDRESS	800 LAKE AVE
CITY - ST - ZIP	LAKE WORTH FL
TITLE	T
NAME	SPINA, JILL A
STREET ADDRESS	1677 FORUM PL
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	T
NAME	SPINA, KAREN M
STREET ADDRESS	19944 US 1
CITY - ST - ZIP	TEQUESTA FL
TITLE	S
NAME	BRYANT-SPINA, CARLYE
STREET ADDRESS	800 LAKE AVE
CITY - ST - ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	432 30TH ST
2.4 CITY - ST - ZIP	W. PALM BCH FL 33407
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	VOID
3.4 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	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	432 30TH ST
5.4 CITY - ST - ZIP	W. PALM BCH, FL 33407
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, changed, or an address in Block 13.

SIGNATURE: *Karen M Spina* **KAREN M SPINA** 407/533-9100
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR (Date) (Type in figure)