FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K07073** **(5)**

1. Corporation Name

OPTIMUM NUTRITION, INC.

Principal Place of Business	Mailing Address
7621 E. CYPRESS HEAD DRIVE PARKLAND FL 33067	7621 E. CYPRESS HEAD DRIVE PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1987	3a. Date of Last Report: 03/25/1994
4. FEI Number: 65-0043739	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
8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business: 21 12424 N.W 39th ST	2a. Mailing Address: 26 12424 N.W 39th ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State: 23 Coral Springs Fl	City & State: 28 Coral Springs Fl
Zip: 24 33065 — Country: 25 U.S.A	Zip: 29 33065 — Country: 30 U.S.A

9. Name and Address of Current Registered Agent

COSTELLO, MICHAEL J.
7621 E. CYPRESS HEAD DRIVE
PARKLAND FL 33067

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] Michael J Costello 5/1/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	COSTELLO, MICHAEL J.
STREET ADDRESS	7621 E. CYPRESS HEAD DRIVE
CITY-ST-ZIP	PARKLAND FL 33067

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (blank entries 1–6)

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 119.07(1)(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: [signature] Michael J Costello 5/1/95 305 755-1033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110242 CP