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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000053747**

Corporation Name
PARADISE NUTRITION, INC.

Principal Place of Business	Mailing Address
101 PGA BLVD. SUITE 280-F PALM BEACH GARDENS FL 33410	2401 PGA BLVD. SUITE 280-F PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc: 190	Suite, Apt. #, etc: 190
City & State	City & State
Zip / Country	Zip / Country

3. Date Incorporated or Qualified: 06/16/1998
4. FEI Number: ☑ 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. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 WW. KELLEY RD
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City: FL 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: C. Woodyard — DATE: 10-18-99
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTS	1.1 TITLE	☐ Change ☐ Addition
NAME	Barry Hollander	1.2 NAME	
STREET ADDRESS	2401 PGA Blvd. - Ste. 190	1.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	1.4 CITY-ST-ZIP	
☐ DELETE			
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	Henry Fong	2.2 NAME	800000301 7068
STREET ADDRESS	2401 PGA Blvd. - Ste. 190	2.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	2.4 CITY-ST-ZIP	
☐ DELETE			
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	800000301 7068--4
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Cynthia Woodyard POA — 10-18-99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

POWER OF ATTORNEY 2

The undersigned, Barry Hollander, does hereby certify that he is a duly elected and authorized officer of Paradise Nutrition, Inc., a Florida for profit corporation, and that in such capacity he has the authority to, and hereby does, appoint Cynthia Woodyard of Lexis Document Services, Tallahassee, Florida, for and as Attorney in Fact for Paradise Nutrition, Inc. for the limited purpose of executing and filing on behalf of Paradise Nutrition, Inc. its 1999 For Profit Annual Report with the State of Florida.

In witness whereof, I have set my hand this 18th day of October, 1999.

Paradise Nutrition, Inc.

By: _____
Barry Hollander, a duly authorized officer

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA00000005

REFERENCE: _____
(Sub Account)

DATE: 10-18-99 3

REQUESTOR NAME: LEXIS

ADDRESS: _____

TELEPHONE: (___) (___-____) ext (___)

CONTACT NAME: _____

CORPORATION NAME: Paradise Nutrition, Inc.

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: C. Woodyard

___ CERTIFIED COPY (1-9)
___ CERTIFICATE OF STATUS (1-9)
X PLAIN STAMPED COPY

( ) Call When Ready ( ) Call If Problem ( ) After
(X) Walk In ( ) Will Wait ( ) Pick Up
( ) Mail Out

TS