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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

 Corporation 	n Name	* *					
NUTRITION COTTAGE, INC.							
Principal Place	of Business	Mailing Address		·····			
Principal Place of Business 2764 E. OAKLAND PARK BLVD. FT, LAUDERDALE FL 33306		2764 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306					
US		US		3. Date Incorporated or Qualified	3a. I	Date of Last R	
Deineiral Fra	and of Physics and	2a. Mailing Address		09/29/1970 4. FEI Number		05/01/19	
, гинорагта]	ace of Business	26. Maining Address		59-1314069			Applied For Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		5. Cortificate of Status Desired		\$8.75	Additional
City & State		City & State				The second of the second	Required
City & State	,	28		Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		le tax under s	
J	[25]	29	30	Florida Statutes X Yes	s ∐No		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9. Name and Address of Curr	em negistereu Agent	81 Name	IV. Name and Address of New I	i ichiaici	eu Agent	
STOWE.	, R. MARK		82 Street Add	tress (P.O. Box Number is Not Accepta	(ble)		
30 N.W. 11TH ST.				or was a common common surviva	,		
DELRAY	BEACH FL 33444		83				
			84 City			85 Z)	p Code
or register familiar wit	to the provisions of Sections 607.05 ed agent or both, in the State of Ho th, and accept the obligations of, So	02 and 607.1508, Florida Statul erida Such change was authoriz ection 607.0505, Florida Statutes	es, the above named corpo ed by the corporation's boa 5.	oration submits this statement for the po and of directors. I hereby accept the app	urpase at pointmen	r enanging its i it as registered	egistered office i agent. I am
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cortify 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 this corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

IGNATURE:

| SIGNATURE | S

SIGNATURE: