## ► FUE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 513398

(8)

Mailing Address

REXALL SUNDOWN, INC.

Principal Place of Business

851 BROKEN SOUND PKWY NW 851 BROKEN SOUND PKWY, NW **BOCA RATON FL 33487 BOCA RATON FL 33487-3625** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/07/1976 02/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1688986 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 么 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WERBER, RICHARD 851 BROKEN SOUND PKWY NW **B2** Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487 B3** 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: typical or printed name of registerics agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CD DELETE THILE 1.1 TITLE Change Addition DESANTIS, CARL NAME 1.2 NAME 851 BROKEN SOUND PKWY NW STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME DESANTIS, DAMON 2.2 NAME 851 BROKEN SOUND PKWY NW STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition DESANTIS, DEAN NAME 3.2 NAME 851 BROKEN SOUND PKWY NW STREET ADDRESS 3 3 STREET ADDRESS **BOCA RATON FL** CITY-ST ZIP 34. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change \_\_ Addition PALIN. N ICKOLAS NAME 4 2 NAME 851 BROKEN SOUND PARKWAY, NW STREET ADDRESS 4.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition LEEDY, STANLEY 5.2 NAME 851 BROKEN SOUND PKWY NW STREET ADDRESS 5.3 STREET ADDRESS **BOCA RATON FL** CITY-S1-ZIP 5.4 CITY - ST - ZIP DELETE TITLE PD 6.1 TITLE Change Addition NAME NAST, CHRISTIAN 6.2 NAME 851 BROKEN SOUND PKWY NW STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

**BOCA RATON FL** 

appears in Block 12 or Block

CITY-ST-ZIP

KICHALD WORKER,

or on an attachment with an address.

6.4 CITY - ST - ZIP 14. I do 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

501-241-9400

(96/6)

**FILED** 

Feb 06 1997 8:00am

Secretary of State