

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90079 008 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 513398

1. Corporation Name
REXALL SUNDOWN, INC.



Principal Place of Business

851 BROKEN SOUND PKWY NW
BOCA RATON FL 33487-3625
US

Mailing Address

851 BROKEN SOUND PKWY. NW
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1976

4. FEI Number

59-1688986

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

2. Principal Place of Business

21 6111 Broken Sound Pkwy

Suite, Apt. #, etc.

NW

22

City & State
Boca Raton, FL

Zip
33487

Country
USA

2a. Mailing Address

26 6111 Broken Sound Pkwy

Suite, Apt. #, etc.

NW

27

City & State
Boca Raton, FL

Zip
33487

Country
USA

9. Name and Address of Current Registered Agent

WERBER, RICHARD
851 BROKEN SOUND PKWY NW
BOCA RATON FL 33487-3625

10. Name and Address of New Registered Agent

81 Name
Werber, Richard
82 Street Address (P.O. Box Number is Not Acceptable)
6111 Broken Sound Pkwy NW
83
84 City
Boca Raton 85 Zip Code
FL 33487

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DESANTIS, CARL	
STREET ADDRESS	851 BROKEN SOUND PKWY NW	
CITY-ST-ZIP	BOCA RATON FL 33487-3625	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	DESANTIS, DAMON	
STREET ADDRESS	851 BROKEN SOUND PKWY NW	
CITY-ST-ZIP	BOCA RATON FL 33487-3625	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DESANTIS, DEAN	
STREET ADDRESS	851 BROKEN SOUND PKWY NW	
CITY-ST-ZIP	BOCA RATON FL 33487-3625	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PALIN, NICKOLAS	
STREET ADDRESS	851 BROKEN SOUND PKWY NW	
CITY-ST-ZIP	BOCA RATON FL 33487-3625	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEEDY, STANLEY	
STREET ADDRESS	851 BROKEN SOUND PKWY NW	
CITY-ST-ZIP	BOCA RATON FL 33487-3625	
TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	NAST, CHRISTIAN	
STREET ADDRESS	851 BROKEN SOUND PKWY NW	
CITY-ST-ZIP	BOCA RATON FL 33487-3625	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DeSantis, Carl	
1.3 STREET ADDRESS	6111 Broken Sound Pkwy NW	
1.4 CITY-ST-ZIP	Boca Raton, FL 33487	
2.1 TITLE	PD, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DeSantis, Damon	
2.3 STREET ADDRESS	6111 Broken Sound Pkwy NW	
2.4 CITY-ST-ZIP	Boca Raton, FL 33487	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DeSantis, Dean	
3.3 STREET ADDRESS	6111 Broken Sound Pkwy NW	
3.4 CITY-ST-ZIP	Boca Raton, FL 33487	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Palin, Nickolas	
4.3 STREET ADDRESS	6111 Broken Sound Pkwy NW	
4.4 CITY-ST-ZIP	Boca Raton, FL 33487	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Leedy, Stanley	
5.3 STREET ADDRESS	6111 Broken Sound Pkwy NW	
5.4 CITY-ST-ZIP	Boca Raton, FL 33487	
6.1 TITLE	D, Vice-Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Nast, Christian	
6.3 STREET ADDRESS	6111 Broken Sound Pkwy NW	
6.4 CITY-ST-ZIP	Boca Raton, FL 33487	

14. 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:

SIG *Damon DeSantis* **RED**

4/21/99

561-241-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)