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1995 MAR 28 PM 2:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 548339 (1)

1. Corporation Name
NUTRITION WORLD, INC.

400001444764
 -03/31/95--01038--021
 ****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
2501 SO. FEDERAL HWY. FT. PIERCE FL 34982

Mailing Address
2501 SO. FEDERAL HWY. FT. PIERCE FL 34982

3. Date Incorporated or Qualified
10/04/1977

3a. Date of Last Report
10/10/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-1808665

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 **25**

Zip Country
29 **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FRANKLIN, ROBERTA
 8240 HIDDEN PINES ROAD
 FT. PIERCE FL 34951**

10. Name and Address of New Registered Agent

81 Name DAVID S Cohen
82 Street Address (P.O. Box Number is Not Acceptable) 222 SW Inwood Ave
83
84 City Port St Lucie FL 85 Zip Code 34984

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 **DAVID S. Cohen V.P.** DATE **03/24/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PV**
 NAME **COHEN, MARK**
 STREET ADDRESS **2501 S. FEDERAL HWY.**
 CITY-ST-ZIP **FT. PIERCE FL**

1.1 TITLE **PV** Change Addition
 1.2 NAME **Cohen, Mark**
 1.3 STREET ADDRESS **102 Straw Point Rd**
 1.4 CITY-ST-ZIP **Eye Beach, NH 03870**

TITLE **VP**
 NAME **DAVID S. Cohen**
 STREET ADDRESS **222 SW Inwood Ave**
 CITY-ST-ZIP **Port St Lucie, FL 34984**

2.1 TITLE **V.P.** Change Addition
 2.2 NAME **Cohen, David S.**
 2.3 STREET ADDRESS **222 SW Inwood Ave**
 2.4 CITY-ST-ZIP **Port St Lucie, FL 34984**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME **DA**
 6.3 STREET ADDRESS **3-28**
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information included 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 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: **David S. Cohen** DATE: **03/16/95**

407-4661-3598