**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

APPROVED AND FILED

95 MAR -2 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 765919 (6)

1. Corporation Name

NATIONAL INSTITUTE OF NUTRITIONAL EDUCATION, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 1010 SOUTH JOLIET ST. ~~#209~~ 107<br>AURORA CO 80012 | 1010 SOUTH JOLIET ST. ~~#209~~ 107<br>AURORA CO 80012 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2349519 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NOVAK, PATRICIA
2320 CYPRESS BOND DRIVE SOUTH, #303D
POMPANO BEACH, FL 33067

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 Patricia H Novak — 2-22-95
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 | D |
| NAME | NOVAK, PATRICIA # 303D |
| STREET ADDRESS | ~~7501 COURTYARD RUN WEST~~ 2320 Cypress Bond Dr. S. |
| CITY-ST-ZIP | Pompano Beach ~~BOCA RATON~~ FL 33069 |
| TITLE | D |
| NAME | JOHNSTON, JAMES R. |
| STREET ADDRESS | 16395 E. PRENTICE CIRCLE |
| CITY-ST-ZIP | AURORA CO |
| TITLE | D |
| NAME | INGEBORG, JOHNSTON |
| STREET ADDRESS | 16395 E PRENTICE CIRCLE |
| CITY-ST-ZIP | AURORA CO |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition

JOHNSTON
PLEASE CHANGE
ADDRESS TO:
1010 SO. JOLIET ST.
SUITE #107
AURORA, CO. 80012

☐ Change ☐ Addition
☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: JR Johnston JAMES R JOHNSTON President 2/13/95 303-340-2054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074610