

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F94000006596 (0)

1. Corporation Name
ADVANCED NUTRITION FOODS COMPANY



Principal Place of Business
**777 S FLAGLER DR., WEST TOWER
14TH FLOOR
WEST PALM BEACH FL 33401**

Mailing Address
**777 S FLAGLER DR., WEST TOWER
14TH FLOOR
WEST PALM BEACH FL 33401**

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

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

3. Date Incorporated or Qualified **12/27/1994** 3a. Date of Last Period **04/20/1995**

4. FEI Number **65-0541781** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature typed or printed below this line

Signature typed or printed below this line

DATE

12. OFFICERS AND DIRECTORS

TITLE **DCEO** ☒ DELETE
NAME **LAFFERIERE, ROBERT**
STREET ADDRESS **777 SOUTH FLAGLER DR., W TOWER, 14TH FL.**
CITY-STATE-ZIP **WEST PALM BEACH FL PS**

TITLE ☒ DELETE
NAME **WAITMAN, BARBARA**
STREET ADDRESS **777 SOUTH FLAGLER DR., W TOWER, 14TH FL.**
CITY-STATE-ZIP **WEST PALM BEACH FL 33401**

TITLE ☒ DELETE
NAME **STERN, RONALD**
STREET ADDRESS **777 SOUTH FLAGLER DR., W TOWER, 14TH FL.**
CITY-STATE-ZIP **WEST PALM BEACH FL 33401**

TITLE ☒ DELETE
NAME **CHILETSOS, GREGORY N**
STREET ADDRESS **777 SOUTH FLAGLER DR., W TOWER, 14TH FL.**
CITY-STATE-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ DELETE
NAME **GLORIT, WILLIAM**
STREET ADDRESS **777 SOUTH FLAGLER DR., W TOWER, 14TH FL.**
CITY-STATE-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE
NAME **AERAHAM, S. DANIEL**
STREET ADDRESS **777 SOUTH FLAGLER DR., W TOWER, 14TH FL.**
CITY-STATE-ZIP **WEST PALM BEACH FL 33401**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition
NAME **LAFFERIERE, ROBERT**
STREET ADDRESS **777 SOUTH FLAGLER DR., W TOWER, 14TH FL.**
CITY-STATE-ZIP **WEST PALM BEACH FL 33401**

2. TITLE ☒ Change ☐ Addition
NAME **WAITMAN, BARBARA**
STREET ADDRESS **777 SOUTH FLAGLER DR., W TOWER, 14TH FL.**
CITY-STATE-ZIP **WEST PALM BEACH FL 33401**

3. TITLE ☒ Change ☐ Addition
NAME **STERN, RONALD**
STREET ADDRESS **777 SOUTH FLAGLER DR., W TOWER, 14TH FL.**
CITY-STATE-ZIP **WEST PALM BEACH FL 33401**

4. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: *William Glorit* **William Glorit Controller 2/19/96 (407) 833-9920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)