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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F9400006596**

1. Corporation Name

-ADVANCED NUTRITION FOODS-COMPANY-

HEALTHY FOODS OF AMERICA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 777 S FLAGLER DR., WEST TOWER 14TH FLOOR WEST PALM BEACH FL 33401 | 777 S FLAGLER DR., WEST TOWER 14TH FLOOR WEST PALM BEACH FL 33401 |
| | |

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90124 020 ***150.00



| DO NOT | MOTE | INI | THIC | SDAC |
|--------|------|-----|------|------|
| | | | | |

3. Date Incorporated or Qualifed

12/27/1994

| 2. Principal Pl | lace of Business | 2a. Mailing Address | İ | | 4. FEI Number | ↓ | olied For | | |
|---|---|--------------------------------------|--|-------------------------------|--|----------------------|---|--|--|
| 21 | _ | | | | <u>65-0541781</u> | | Applicable | | |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | ¬ \$8.75 ∧ | | | |
| 22 | | 27 | | | 5. Certificate of otatos occared | Fee Rec | quired | | |
| City & State | e | City & State | | | 6. Election Campaign Financing | \$5.00 | Мау Ве | | |
| 23 | | 28 | | | Trust Fund Contribution | Added to | Fees | | |
| Zip | Country | Zip | Country | | 8. This corporation owes the current | year Intangible | | | |
| 24 | 25 | 29 | n] | | Personal Property Tax. | Yes | □No | | |
| | 9. Name and Address of Current | | <u>- </u> | | 10. Name and Address of New Regi | stered Agent | | | |
| | 3, 114110 4114 , 1141 1141 1141 | | 81 | Name | | | | | |
| CT C | CORPORATION SYSTEM | | | | | | | | |
| | SOUTH PINE ISLAND ROAD | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | NTATION FL 33324 | | | | | | | | |
| FLAI | TIATION FE 33324 | | 83 | | | | | | |
| | | | 84 | City | | 85 Zip C | ode | | |
| | | | 1 | On, | | FL S S | | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | the above | -named corp | oration submits this statement for the pur | pose of changing its | registered | | |
| office or re | egistered agent, or both, in the State of | of Florida. Such change was auth | norized by 1 | the corporation | on's board of directors. I hereby accept the | e appointment as reg | jistered | | |
| agent. I ar | m familiar with, and accept the obligat | ions or, Section 607.0505, Florida | a Sialules. | | | | | | |
| SIGNATURE | Classical transfer and a second arrange of a second | t and title if applicable (A)CTE. B. | anietarad Azont | signature require | d when reinstating) | DATE | | | |
| _ | Signature, typed or printed name of registered agen OFFICERS AN | | 13. | agnature require | ADDITIONS/CHANGES TO OFFIC | | RS IN 12 | | |
| 12. | V OFFICERS AN | DELETE | 1.1 TITLE | | | Change | Addition | | |
| TITLE | l • | Desere | | | OWARD L. STETNBERG | | 24 | | |
| NAME | WAITMAN, BARBARA | | 1.2 NAME | | | a LUNH RI | | | |
| STREET ADDRESS | 777 South Flagler Dr., w 1 | iower, 14th fl. | 1.3 STREET | ADDRESS 77 | 7 SOUTH PLAGLER DR., UN. TOWN | K , (7) 0 12. | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 1.4 CITY-ST | -ZIP W. | EST FALM BEACH, FL 3340 | 71 | | | |
| TITLE | P | ☐ DELETE | 2.1 TITLE | D | | Change | Addition | | |
| NAME | STERN, RONALD | , | 2.2 NAME | TA | MAR ABRAHAM | | | | |
| | THE COURT OF ACTED DO 14/1 | OWER 14TH FI | | | 7 South FLAGLER DR. U. Too | WER GHTH FL | | | |
| STREET ADDRESS | l | OHLIS ITHITLE | | | ST PALM BEACH , FL 3340 | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | [] DELETE | 2.4 CITY-S | | | ☐ Change | Addition | | |
| TITLE | C | ["] DEFEIF | 3.1 TITLE | = | | | , | | |
| NAME | GLORIT, WILLIAM | | 32 NAME | | | • | | | |
| STREET ADDRESS | 777 SOUTH FLAGLER DR., W 1 | IOWER, 14TH FL. | 3.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 3.4. CITY-S | r-ZIP | <u> </u> | | | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | | Change | Addition | | |
| NAME | ABRAHAM, S. DANIEL | · · | 4.2 NAME | Į. | | | | | |
| | | | _ | i i | | | | | |
| | , | OWER 14TH FI | 4.3 STREET | ADDRESS | | | | | |
| STREET ADDRESS | 777 SOUTH FLAGLER DR., W 1 | FOWER, 14TH FL. | 4.3 STREET | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | , | | 4.4 CITY-ST | | | ☐ Change | ☐ Addition | | |
| STREET ADDRESS CITY-ST-ZIP TITLE | 777 SOUTH FLAGLER DR., W 1 | TOWER, 14TH FL. | 4.4 CITY-ST 5.1 TITLE | | | ☐ Change | Addition | | |
| STREET ADDRESS CITY-ST-ZIP | 777 SOUTH FLAGLER DR., W 1 | | 4.4 CITY-ST 5.1 TITLE 5.2 NAME | -ZIP | | ☐ Change | ☐ Addition | | |
| STREET ADDRESS CITY-ST-ZIP TITLE | 777 SOUTH FLAGLER DR., W 1 | | 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET | -ZIP ADDRESS | | ☐ Change | Addition | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | 777 SOUTH FLAGLER DR., W 1 | | 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST | -ZIP ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 777 SOUTH FLAGLER DR., W 1 | | 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET | -ZIP ADDRESS | | ☐ Change | Addition | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 777 SOUTH FLAGLER DR., W 1 | ☐ DELETE | 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST | -ZIP ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | 777 SOUTH FLAGLER DR., W 1 | ☐ DELETE | 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE | -ZIP ADDRESS -ZIP | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 777 SOUTH FLAGLER DR., W 1 | ☐ DELETE | 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE 6.2 NAME | - ZIP ADDRESS - ZIP ADDRESS | | | | | |

of supplies an initial report of supplies and an initial report is true and accurate and that my signature shall have the same regardenests in made driver or forficer 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #