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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F9500006239 (6)

ADVANCED NUTRITIONAL RESEARCH, INC.

ABYMOLD NOTIFICIAL NECERSION, INC.								
Principal Place	of Business	Mailing Address				i nobjeda bila talah dalah dalah basis dibisi ba	iin eene eniu jibal	
5521 N. MILITARY TRAIL, APT. #1103 BOCA RATON FL 33496		5521 N. MILITARY TRAIL APT. #1103 BOCA RATON FL 33496						
						12/22/1995	Date of Last F	leport
- 1 · · ·	ace of Business	2a. Mailing Address	ailing Address			4. FEI Number	 -	Applied For
Suite, Apt.	th rate	Suite, Apt. #, etc.				· † · · · · · · · · · · · · · · · · · ·		Not Applicable
22	4, 010.	27 Suite, Apr. #, etc.	F-n ' ' '			5. Certificate of Status Desired		5 Additional Required
Oily & State	е	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip Country		Zip	Zip Country			8. This corporation has liability for intangible tax under s 199.032,		
24	25 9. Name and Address of Cur	29 Penistered Apont	30			Florida Statutes Yes		
	9. Name and Address of Cur	rent negistered Agent		81	Name	10. Name and Address of New Regist	ered Agent	
BRALY.	JAMES MD			_				
5521 N.	MILITARY TRAIL, APT. #1103			82	Street Au	dress (P.O. Box Number is Not Acceptable)		
BOCA R	ATON FL 33496			83				
				84	City		FL 85 Z	ıp Code
familiar wi	ed agent, or both, in the State of Fith, and accept the obligations of, S	londa Such change was autho lection 607.0506, Florida Statut	rized by the c es.	orp	oration's bo		ent as registered	d agent. I am
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	DRS IN 12
THE	PDST	☐ DELETE	1. 1 Ti	TLE			☐ Change	☐ Addition
NAME	BRALY, JAMES MD	DT #4466	1.2 NA	ME	ĺ			
STHEET ADDRESS	5521 N. MILITARY TRAIL, A	PI. #1103			ADDRESS			
OF YEST, ZIP.	BOCA RATON FL 33496		1.4 CI		ST-ZIP			En exercis
NAME			2 171			Chang		e 🗀 Addition
STREET ADDRESS			2.2 NA		4000000			
C IY - ST - Z-P			2 3 51 2 4 Cl		ADDRESS			
TILLE			3 1 TI		11-21		[7] Change	Addition
NAME		—	3 2 NA					
SUBELL ADDRESS					T ADDRESS			
CHY ST ZP			3.4 CI					
T-TLF		DELETE	4 1 Ti				Change	Addition
NAME			4.2 NA	ME				_
STREET ADDRESS			4351	REET	ADDRESS			
C 1Y - ST - Z.P			4.4 Ci					
1-11.6		☐ DÉLÉTE	5 1 71		- + -		☐ Change	Addition
NAME			5.2 NA	ME				
SPREED ADDRESS			5381	REEI	ADDRESS			
C 1Y - ST - Z/P			5.4 CII					
TIFLE		DELETE	6 1 Ti				Change	☐ Addition
NAME			6.2 NA	ME			_	
STREET ADDRESS			6351	REET	ADDRESS			
CHY-SI-ZIF			6.4 CI		Į.			

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 eath, 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 N if changed, or or en effective ment with an address.

SIGNATURE:

HE AND TYPED OR PRINTED HAVE OF BONING OFFICER ON DIRECTOR

2656 (40)778-1264

CR2E034 (12/95