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

PRQFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90005 010 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97000002778

NUTRILAB CORPORATION					\$ 140 STAR STAR STAR (01) (02) (02) (01) (02) (02)		
			_				
Principal Place of	f Business	Mailing Address					
8 MOUNTAIN AVEN		8 MOUNTAIN AVENUE					
SPRINGFIELD NJ 0	07081	SPRINGFIELD NJ 07081			DO NOT WRITE IN THIS SPA	CE.	
, ,				•	3. Date Incorporated or Qualifed		
					05/28/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21					22-3508101	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						8.75 Additional	
27					3. Control of Clares Seemed	Fee Required	
City & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year Intangit	ole	
24					Personal Property Tax.		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
The state of the s				81 Name			
FRIEDMAN, JEFFREY				00 00	ddwar (D.O. Bay Number in Net Accomtable)		
6860 GULF PORT BLVD SOUTH				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 279				83			
ST PETERSBURG FL 33707					The state of the s		
				84 City	FL 85 Zip Code		
11. Pursuant to t office or regis agent. I am f	the provisions of Sections 607.05 stered agent, or both, in the State familiar with, and accept the oblig	02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	s, the ab thorized da Statu	ove-named corp by the corporation tes.	poration submits this statement for the purpose of char on's board of directors. I hereby accept the appointme	ging its registered nt as registered	
SIGNATURE						<u> </u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				Agent signature require			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	••••	
TITLE . P		☐ DELETE	1.1 TITI	LE		Change	
NAME FRIEDMAN, JEFFREY			1.2 NA	ME	,		
STREET ADDRESS 6860 GULF PORT BLVD, SOUTH, STE 279			1.3 STREET ADDRESS		•		
CITY-ST-ZIP ST PETERSBURG FL			1.4 CITY-ST-ZIP			P 4 1 111	
тите D		☐ DELETE	2.1 TITI	LE		Change	
i I	affe, robert h		2.2 NA	ME	•	•	
			2.3 STREET ADDRESS			•	
CITY-ST-ZIP S				TY-ST-ZIP		<u> </u>	
TITLE .	, , , , , , , ,	☐ DELETE	3.1 TITE	LE		Change Addition	
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 STF	REET ADDRESS	And the second s	and the property	
CITY-ST-ZIP	en e		3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITI	LE		Change ,	
NAME			4. 2 NA	ME			
STREET ADDRESS	A Company		4.3 STF	REET ADDRESS			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, oppp an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

C/TY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

JEFFREY FRICOMAN

Change

☐ Change

Addition

☐ Addition