

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90128 027 ***150.00
05-03-1999 90128 028 *****8.75

DOCUMENT # F98000005543

1. Corporation Name

TIME OF YOUR LIFE NUTRACEUTICALS INC.

Principal Place of Business

**3542 MORRIS STREET NORTH
ST PETERSBURG FL 33713-1629**

Mailing Address

**3542 MORRIS STREET NORTH
ST PETERSBURG FL 33713-1629**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FEI Number

22-3499679

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 owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**FORTNER, RICHARD L
3542 MORRIS STREET NORTH
ST PETERSBURG FL 33713-1629**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME **FORTNER, RICHARD L**
STREET ADDRESS **3346 C 39TH STREET SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE D ☐ DELETE

NAME **SIMMONS, PAUL**
STREET ADDRESS **8825 LAUREL DRIVE**
CITY-ST-ZIP **PINELLIS PARK FL 33782**

TITLE D ☐ DELETE

NAME **STITES, ROBERT C**
STREET ADDRESS **718 BRADFORD AVE**
CITY-ST-ZIP **WESTFIELD NJ 07090**

TITLE ST ☐ DELETE

NAME **CATaneo, ANDREA**
STREET ADDRESS **12 SOUTH 3RD STREET**
CITY-ST-ZIP **MINE HILL NJ 07803**

TITLE D ☐ DELETE

NAME **EVANS, WILLIAM G**
STREET ADDRESS **14 MEADOW GLEN ROAD**
CITY-ST-ZIP **LANSDALE PA 19446**

TITLE D ☐ DELETE

NAME **GERSON, SCOTT**
STREET ADDRESS **MILLTOWN ROAD**
CITY-ST-ZIP **BREWSTER NJ 10509**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE

RICHARD L. FORTNER 23 APR 99 727-520-0251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)