

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J12820 (3)

1. Corporation Name

NUTRIVISION, INCORPORATED

Principal Place of Business

1416 50TH COURT
P.O. BOX 6749
VERO BEACH FL 32966-2364

Mailing Address

1416 50TH COURT
P.O. BOX 6749
VERO BEACH FL 32966-2364



2. Principal Place of Business

2a. Mailing Address

21 1416 50TH COURT

26 1416 50TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 VERO BEACH FL

28 VERO BEACH FL

Zip

Zip

24 32966

29 32966

9. Name and Address of Registered Agent

30 INDIAN RIVER

BING, MARY

1416 50TH COURT

VERO BEACH FL 32966-32966

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 607.1504, 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 of corporation or change of agent must be signed by

(If the Registered Agent is a corporation, the signature must be signed by

(Print)

12. OFFICERS AND DIRECTORS

1. TITLE	DP	[] DELETE
2. NAME	BING, MARY	
3. STREET ADDRESS	1416 50TH COURT	
4. CITY-STATE-ZIP	VERO BEACH FL 32966	
5. TITLE		[] DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		[] DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		[] DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		[] DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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:

Mary Ellen Bing, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 (407) 562-7362

CR2E034 (12/95)