SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 AUG -9 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J76115 (1)

1. Corporation Name
PALM BEACH NUTRITION CENTER, INC.

Mailing Address
2512 PGA BLVD.
1340 US HWY 1 #106
PALM BCH GARDENS FL 33410

Principal Place of Business
2512 PGA BLVD.
1340 US HWY 1 #106
PALM BCH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 06/01/1987
3a. Date of Last Report: 05/01/1993
4. FEI Number: 59-2831385 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BALDWIN, JOAN.
2512 PGA BLVD.
SUITE 106
PALM BCH GARDENS FL 33410

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

JOAN BALDWIN PRES.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE [signature] Pres. — Signature, typed or printed name of registered agent and title if applicable
Aug 5, 1994 — DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	P/D	1 1 TITLE	
1 2 NAME	BALDWIN, JOAN.	1 2 NAME	
1 3 STREET ADDRESS	2510 PGA BLVD.	1 3 STREET ADDRESS	
1 4 CITY ST ZIP	PALM GARDENS FL	1 4 CITY ST ZIP	
2 1 TITLE		2 1 TITLE	
2 2 NAME		2 2 NAME	
2 3 STREET ADDRESS		2 3 STREET ADDRESS	
2 4 CITY ST ZIP		2 4 CITY ST ZIP	
3 1 TITLE		3 1 TITLE	
3 2 NAME		3 2 NAME	
3 3 STREET ADDRESS		3 3 STREET ADDRESS	
3 4 CITY ST ZIP		3 4 CITY ST ZIP	
4 1 TITLE		4 1 TITLE	
4 2 NAME		4 2 NAME	
4 3 STREET ADDRESS		4 3 STREET ADDRESS	
4 4 CITY ST ZIP		4 4 CITY ST ZIP	
5 1 TITLE		5 1 TITLE	
5 2 NAME		5 2 NAME	
5 3 STREET ADDRESS		5 3 STREET ADDRESS	
5 4 CITY ST ZIP		5 4 CITY ST ZIP	
6 1 TITLE		6 1 TITLE	
6 2 NAME		6 2 NAME	
6 3 STREET ADDRESS		6 3 STREET ADDRESS	
6 4 CITY ST ZIP		6 4 CITY ST 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 [illegible], Florida Statutes. I further certify that the information indicated on the 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Pres Aug 5 1994 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407.626
2766