SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

I have paid 3 times & never received it
Please send this YEAR 1996

DOCUMENT # **J76115** **(1)**

1. Corporation Name
PALM BEACH NUTRITION CENTER, INC.

Principal Place of Business	Mailing Address
2512 PGA BLVD. PALM BCH GARDENS FL 33410	2512 PGA BLVD. PALM BCH GARDENS FL 33410

3. Date Incorporated or Qualified: 06/01/1987
3a. Date of Last Report: 04/17/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 8912 N. MILITARY TRAIL	26 8912 N. MILITARY TRAIL
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: SAME	28 City & State: SAME
24 Zip: SAME 25 Country	29 Zip: SAME 30 Country

9. Name and Address of Current Registered Agent

BALDWIN, JOAN
2512 PGA BLVD.
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): 8912 N. MILITARY TRAIL
83
84 City: SAME **FL** 85 Zip Code: SAME

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 _____ DATE _____
Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when restoring)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BALDWIN, JOAN		12 NAME		
STREET ADDRESS	2510 PGA BLVD.		13 STREET ADDRESS	8912 N. MILITARY TRAIL	
CITY-ST-ZIP	PALM GARDENS FL		14 CITY-ST-ZIP	PALM BCH GARDENS, FL 33410	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					☐ Change ☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					☐ Change ☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					☐ Change ☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP			64 CITY-ST-ZIP		

PALM512 334103031 1396 06/06/96
NOTIFY SENDER OF NEW ADDRESS
PALM BEACH NUTRITION
8912 N MILITARY TRL
PALM BEACH GARDENS FL 33410-6249

Please Note our new address

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 7/21/96 6268480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Florida Document Number
JOAN BALDWIN