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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 04 1998 8:00am

Secretary of State

- 1784 BI 34 BIB 1911 BBB 1912 BBB 1814 BBB 1814

Day5me Frome # 0292128

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L68043

(3)

NUTRITIONAL CENTERS OF FLORIDA, INC.

							A BIDI BIDI BE	AE OROUG IN MA	
Principal Place	e of Business	Mailing Address	uddress						
General nutrition center 5703 N. University Dr. Tanarac Fl 33321		General nutrition center 5703 n. University dr. Tamarac Fl 33321		DO NOT WRITE IN THIS SPACE					
THURSDAY IL	SAVE	TAMADAO TE SSIZI			3. Date incorporated or Qualified 04/23/1990		0.7.02		
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number		A	Applied For	
21		26		65-0195893		N	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional		
22	··· -	27					Fee R	equired	
City & State		City & State		6. Election Campaign Financing	_		May Be		
Zip Country		Zip Country		Trust Fund Contribution			to Fees		
24]	25 29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New R			-100	
YNR	IRIN. BERNARDO		81	Name		•			
4650 NW 100 WAY			82	Ctroot Add	drago (D.O. Boy Number in Not Assessed	hia)			
	RAL SPRINGS FL 33076		62	82 Street Address (P.O. Box Number is Not Acceptable)			J		
			83						
			84	City			85 Zip	Code	
·						FI	_		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was au	thorized b	y the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose optithe ap	of changing i pointment as	ts registered registered	
SIGNATURE		<u></u>							
	Signature, typed or printed name of registered as	jent and trile if applicable (NOTE I ND DIRECTORS		ent signature requ	ured when reinstating)	DATE OF DC AA	ID DIDECTOL	00 181 12	
12.	D OFFICENS AI	AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFI	CEHS AN	Change	Addition	
NAME	YIBIRIN, BERNARDO	121					Ondargo		
STREET ADDRESS	AAPA AAA MAN		ŧ	ADDRESS				Ì	
City-St-Zip	CORAL SPRINGS FL		14 CITY-ST-ZIP						
TITLE	\$	DELETE 21					☐ Change	☐ Addition	
NAME	YIBIRIN, ROSARIO	BIRIN, ROSARIO 22		Ì				ĺ	
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY - ST - ZIP						
TITLE	•		3 1 TITLE				Change	☐ Addition	
NAME			3.2 NAME					ļ	
STREET ADDRESS			3 3 STREET	ADDRESS				J	
CITY-ST-ZIP				ST-ZIP					
TITLE		DELETE	4 1 TITLE				Change	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS				ſ	
CITY - ST - ZIP		- Inguiste	4.4 CHTY - 5	ST-ZIP					
TITLE		☐ DELETE	51 TITLE				Change	Addition	
NAME			52 NAME						
STREET ADDRESS			5.3 STREET	i i					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	SI-ZIP			Change	Add:tion	
í		C) beceir	•	}			□ comude	☐ vanadot	
NAME STREET ADDRESS			6.2 NAME	r ADDOCCO					
STREET ADDRESS			6.3 STREET	ADDRESS					

4. I hereby certify that the information supplied with this filling 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 myst an address.

SCHOOL SERVICE OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR