

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L79599** (1)
1. Corporation Name
PRO NUTRITION, INC.



Principal Place of Business
**2682 N.W. 91ST AVENUE
CORAL SPRINGS FL 33065**

Mailing Address
**2682 N.W. 91ST AVENUE
CORAL SPRINGS FL 33065**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1990		3a. Date of Last Report 04/18/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0197520		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

**FEIG, MARC I., ESQUIRE
20451 N.W. 2ND AVE.
#101
MIAMI FL 33169**

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, 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 the registered agent and the corporation

Signature typed or printed name of the registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	VASTINE, NANCY H.	1.2 NAME	
STREET ADDRESS	2682 N.W. 91ST AVE.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	VASTINE, JOSEPH M.	2.2 NAME	
STREET ADDRESS	2682 N.W. 91ST AVE.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	2.4 CITY-STATE-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	VASTINE, AMY H.	3.2 NAME	
STREET ADDRESS	2682 N.W. 91ST AVE.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	VASTINE, JOSEPH M. JR	4.2 NAME	
STREET ADDRESS	2682 N.W. 91ST AVE.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	VASTINE, JONATHAN P.	5.2 NAME	
STREET ADDRESS	2682 N.W. 91ST AVE.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	VASTINE, CHRISTOPHER A.	6.2 NAME	
STREET ADDRESS	2682 N.W. 91ST AVE.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy H. Vastine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

528-0373
Corporate Phone #

CR2E034 (12/95)