FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

Amended $61.25

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 DEC -8 AM 8:51

DOCUMENT # L97366 (3)

1. Corporation Name
NUTREND MANUFACTURING, INC.

Principal Place of Business	Mailing Address
1065 SW 15 AVE SUITE C-12 DELRAY BEACH FL 33444 US	1065 SW 15 AVE SUITE C-12 DELRAY BEACH FL 33444-1256 US

3. Date Incorporated or Qualified: 09/04/1990
3a. Date of Last Report: 06/24/1996

2. Principal Place of Business: 1085 SW 15 AVE, E-1
2a. Mailing Address: 26 1085 SW 15 AVE, E-1
Suite, Apt. #, etc.: 27
City & State: DELRAY BEACH, FL
28 DELRAY BEACH, FL.
Zip: 33444 Country: 25 USA
29 33444 30 USA

4. FEI Number: 65-0223718
☐ 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

9. Name and Address of Current Registered Agent

LINDA LICONTI
1065 SW 15 AVENUE
SUITE C-12
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name: JEFFREY P. LONGO
82 Street Address (P.O. Box Number is Not Acceptable): 1085 SW 15 AVE, E-1
83
84 City: DELRAY BEACH FL 85 Zip Code: 33444

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: (Jeffrey P. Longo) VP 11-2-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD LI CONTI, LINDA 5759 NORTHPOINTE LANE BOYNTON BEACH FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002376009--4 -12/17/97--01122--009 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELCH, JAMES 717-1 N.E. 12TH TERRACE BOYNTON BEACH FL ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD Jeffrey P. Longo 1085 SW 15 AVE, E-1 Delray Beach, FL. 33444 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition JB 12-10-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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; 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: Linda LiConti (LINDA LICONTI) 11/1/97 561-272-8737