


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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L97366** (3)
1. Corporation Name
NUTREND MANUFACTURING, INC.

Principal Place of Business 1065 SW 15 AVE SUITE C-12 DELRAY BEACH FL 33444 US	Mailing Address 1065 SW 15 AVE SUITE C-12 DELRAY BEACH FL 33444 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1085 SW 15 AVE Suite, Apt. #, etc. 22 E-1 City & State 23 Delray Beach, FL Zip 24 33444		2a. Mailing Address 26 1085 SW 15 AVENUE Suite, Apt. #, etc. 27 E-1 City & State 28 Delray Beach, FL Zip 29 33444 Country 30 USA		3. Date Incorporated or Qualified 09/04/1990	
		4. FEI Number 65-0223718		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 LONGO
82 Street Address (P.O. Box Number is Not Acceptable)	1085 SW 15 AVENUE
83	E-1
84 City	Delray Beach
85 State	FL
86 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



3-15-98

DATE

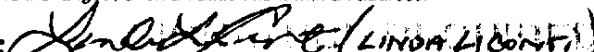
(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

12. TITLE	PSD	<input type="checkbox"/> DELETE
NAME	LI CONTI, LINDA	
STREET ADDRESS	5759 NORTHPOINTE LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WELCH, JAMES	
STREET ADDRESS	717-1 N.E. 12TH TERRACE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICE PRESIDENT
3.3 STREET ADDRESS	JEFFREY P. LONGO
3.4 CITY-ST-ZIP	5759 NORTHPOINTE LANE
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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; 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:  (LINDA LICONTI)

2/29/98 561-274-9737

CR2E034 (10/97)