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

PROFIT CORPORATION **ANNUAL REPORT**

1997



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L98010

(6)

BETTER NUTRITION INC.

33324

FEIN. CARON

4650 SW 61ST AVE.

Principal Place of Business	lace of Business Mailing Address		t til birdet min inent bittet aniet fent) dass atats diafe arten bitter unter genet einer			
4650 SW 61ST AVE. FT. LAUDERDALE FL 33314 4650 SW 61ST AVE. FT. LAUDERDALE FL 33314-4406						
		3. Date Incorporated or Qualified 08/10/1990	3a. Date of Last Report 02/19/1996			
2. Principal Place of Business 21 8770 SW 8th St	26. Mailing Address 26. 8770 SW 8th St	4. FEI Number 65-0240222	Applied For Not Applica			
Suite, Apt. #, etc. 22	Suite. Apt. #, etc.	5. Certificate of Status Desired	S8.75 Additional Fee Required			
GW & Starp. 23 Plantubon FL	City & State 28 Montation FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip Country	8. This corporation has liability for	intangible tax under s. 199.032.			

30

FT. LAUDERDALE FL 33314 В3 64 City *Plantation*

81 Name

82

Street A

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, and accept the appointment as 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

agentia	irramiliar with, and accept the obligations of, section doz.	0305, Florida	a Statutes			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	₹NOTE: Re	a stered Agent signature	required when reinstalling) DA	iE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	D X DE	LETE	1.1 TITLE		Change	Addition
NAME	FEIN, CARON		1.2 NAME	PEIN-BARRUW, CARON	• •	
STREET ADORESS	4650 SW 61ST AVE.		1.3 STREET ADDRESS	8770 SW 8th St		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CiTY - ST - ZiP	Plantation, FL, 33324		ĺ
TITLE	DE	ELETE	2.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	m ⁱ		
CITY-ST-ZIP			2 4 CiTY-ST-ZIP			
TITLE	DE	ELETE	31 TITLE		☐ Change	Addition
NAME			32 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE	DE	ELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
CITY - S1 - ZIP			4.4 CITY-ST-ZIP			
TITLE	DE	ELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE	DI	ELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	•		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	·		
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 of 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 of the receiver or trustee empewered 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:

FILED

Feb 17 1997 8:00am

Secretary of State

Yes No

Florida Statutes

CEIN-BARRUW. CARON

(P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

Applied For Not Applicable