

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M00540** (8)

1. Corporation Name
B & B NUTRITION, INC.



Principal Place of Business
**6921 W. BROWARD BLVD.
PLANTATION FL 33317**

Mailing Address
**6921 W. BROWARD BLVD.
PLANTATION FL 33317**

3. Date Incorporated or Qualified
05/14/1984

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2423647

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**HARTMAN, BARBARA
2050 NW 88TH TERRACE
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature of the corporation, its authorized agent, and the applicable officer or director. Signature of the New Registered Agent signature required when applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HARTMAN, BARBARA	1.2 NAME	
STREET ADDRESS	6921 W. BROWARD BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33317	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARTMAN, BENJAMIN	2.2 NAME	
STREET ADDRESS	6921 W. BROWARD BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33317	2.4 CITY - ST - ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	HARTMAN, BARRY	3.2 NAME	
STREET ADDRESS	6921 W. BROWARD BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33317	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, JULIE LYNN	4.2 NAME	
STREET ADDRESS	6921 WEST BROWARD BOULEVARD	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA HARTMAN

7/1/96 954587-5/32

CR2E034 (3/96)