

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33317-2005**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/14/1984</b>	3a. Date of Last Report <b>07/05/1996</b>
21 <b>7107 W. BROWARD BLVD</b>	26 <b>7107 W. BROWARD BLVD</b>			4. FEI Number <b>59-2423647</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>PLANTATION FLA</b>		28 <b>PLANTATION FLA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>33317</b>	25 <b>USA</b>	29 <b>33317</b>	30 <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HARTMAN, BARBARA 2050 NW 88TH TERRACE PEMBROKE PINES FL 33024</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
			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. I 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 registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARTMAN, BARBARA</b>	1.2 NAME	<b>HARTMAN, BARBARA</b>
STREET ADDRESS	<b>6921 W. BROWARD BLVD.</b>	1.3 STREET ADDRESS	<b>7107 W. BROWARD BLVD</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	1.4 CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARTMAN, BENJAMIN</b>	2.2 NAME	<b>HARTMAN, BENJAMIN</b>
STREET ADDRESS	<b>6921 W. BROWARD BLVD.</b>	2.3 STREET ADDRESS	<b>7107 W. BROWARD BLVD</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	2.4 CITY-ST-ZIP	<b>PLANTATION FLA 33317</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARTMAN, BARRY</b>	3.2 NAME	<b>HARTMAN BARRY</b>
STREET ADDRESS	<b>6921 W. BROWARD BLVD.</b>	3.3 STREET ADDRESS	<b>7107 W. BROWARD BLVD</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	3.4 CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, JULIE LYNN</b>	4.2 NAME	<b>THOMAS JULIE LYNN</b>
STREET ADDRESS	<b>6921 WEST BROWARD BOULEVARD</b>	4.3 STREET ADDRESS	<b>7107 W. BROWARD BLVD</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>	4.4 CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Barbara Hartman** **BARBARA HARTMAN** 4/28/97 954 587 5132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)