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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P25269 (2)
 1. Corporation Name
CLINICAL NUTRITION HOLDINGS, INC.



Principal Place of Business
**FIVE HIGH RIDGE PARK
 STAMFORD CT 06905**

Mailing Address
**FIVE HIGH RIDGE PARK
 STAMFORD CT 06905-1326**

3. Date Incorporated or Qualified
07/14/1989

3a. Date of Last Report
04/15/1996

4. FEI Number
36-3476716

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 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 title if applicable (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **AT JONES, SIMON**

STREET ADDRESS **50 SALEM VIEW DR.**

CITY-ST-ZIP **RIDGEFIELD CT 06877**

TITLE DELETE

NAME **V DEVEREAUX, N. PAUL**

STREET ADDRESS **703 ORANGE GROVE**

CITY-ST-ZIP **50 PASADENA CA**

TITLE DELETE

NAME **T MULHERN, JOHN R.**

STREET ADDRESS **5037 LAKEVIEW CANYON**

CITY-ST-ZIP **WESTLAKES VILLAGE GA 31362**

TITLE DELETE

NAME **S WYATT, J. DOUGLAS**

STREET ADDRESS **2123 EDGEVIEW DR**

CITY-ST-ZIP **HUDSON OH**

TITLE DELETE

NAME **D SCHULT, ROBERT W.**

STREET ADDRESS **1022 OAK CANYON LN**

CITY-ST-ZIP **GLENDORA CA**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME **V/T PETE ARGENTINE**

2.3 STREET ADDRESS **508 N. MYRTLE AVE**

2.4 CITY-ST-ZIP **MUNERIA, LA 71340**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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: _____ **2/14/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)