FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P39857** **(8)**

1. Corporation Name

HIMMEL NUTRITION INC.

Principal Place of Business

200 HYPOLUXO RD
STE 206
HYPOLUXO FL 33462
US

Mailing Address

200 HYPOLUXO RD
STE 206
HYPOLUXO FL 33462
US

3. Date Incorporated or Qualified: **07/30/1992**

3a. Date of Last Report: **02/13/1995**

4. FEI Number: **65-0347209** ☐ 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
22 Suite, Apt. #, etc.
23 City & State
Zip 24 County 25

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
Zip 29 County 30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 Section 607.0502 and Ch. 1998, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HIMMEL, JEFFREY	
STREET ADDRESS	125 E. 72 STREET APT 7A	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	D	☒ DELETE
NAME	HIMMEL, HARRIET	
STREET ADDRESS	3100 S OCEAN BLVD 406N	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	☐ DELETE
NAME	TASHLIK, THEODORE WM	
STREET ADDRESS	7 TEAKWOOD LANE	
CITY-ST-ZIP	ROSLYN NY 11576	
TITLE	D	☐ DELETE
NAME	GOLDWYN, MARTIN M.	
STREET ADDRESS	16 TULIP DRIVE	
CITY-ST-ZIP	GREAT NECK NY 11021	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/C/S/T	☒ Change ☐ Addition
12 NAME	HIMMEL, JEFFREY	
13 STREET ADDRESS	125 E. 72 STREET APT 7A	
14 CITY-ST-ZIP	NEW YORK, NY 10021	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	P/S	☐ Change ☒ Addition
52 NAME	DWYER, PATRICK	
53 STREET ADDRESS	15 STURGES RIDGE ROAD	
54 CITY-ST-ZIP	WILTON, CT 06897	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report, with an address.

SIGNATURE: _____ JEFFREY S. HIMMEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY S. HIMMEL 4/18/96 407-585-0070

CR2E034 (12/95)