

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000001060 (2)

1. Corporation Name

DYNAMIC NUTRITION OF FLORIDA, INC.



Principal Place of Business

3279 SW 14TH PLACE
BOYNTON BEACH FL 33426

Mailing Address

3279 SW 14TH PLACE
BOYNTON BEACH FL 33426

2. Principal Place of Business

21 1085 Sw. 15th St. ~~3279~~

Suite, Apt. #, etc.

22 Suite 6

City & State

23 Delray Beach, FL

Zip

24 33444

Country

USA

2a. Mailing Address

26 195 ENGINEERS RD

Suite, Apt. #, etc.

City & State

28 Hauppauge, NY

Zip

29 11783

Country

USA

3. Date Incorporated or Qualified

10/30/1992

3a. Date of Last Report

08/10/1995

4. FEI Number

65-0363704

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 office address

(NOTE: Registered Agent is a person, corporation, partnership, or company)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KATZ, HAL M
STREET ADDRESS 108 WILMINGTON DR
CITY-ST-ZIP MELVILLE NY 11747

☐ DELETE

TITLE SD
NAME MERCADO, DELIA
STREET ADDRESS 195 ENGINEERS RD
CITY-ST-ZIP HAUPPAUGE NY 11788

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Delia Mercado

DELIA MERCADO

4-29-96 (516) 232-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)