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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P9200001060 (2)

DYNAMIC NUTRITION OF FLORIDA, INC.

| Principal Place of Business | | | | |
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| , | Mailing Address | | s compact tre to the tight of the Bill Bill | aur naun desen ninit ödtiff filiti filit jölli |
| 3279 SW 14TH PLACE BOYNTON BEACH FL 33426 | 3279 SW 14TH PLACE BOYNTON BEACH FL 33426 | | | |
| | | | 3. Date Incorporated or Qualified 10/30/1992 | 3a. Date of Last Report 08/10/1995 |
| 2. Principal Place of Business 1 1085 Sw. 15**** | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. #, etc. | | ing ers Rb | 65-0363704 | Not Applicab |
| Suite 6 | Suite, Apl. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | City & State | | 6. Election Campaign Financing | Fee Required |
| Delray Brack, | + L 28 HAUPPA | uge M | Trust Fund Contribution | S5.00 May Be Added to Fees |
| Zip 33444 Country 115 | A- 29 11788 | Country | 8. This corporation has liability for int. | |
| 9, Name and Address of C | . [23] | 30 USA | Florida Statutes Yes | |
| <u> </u> | June III Negistered Agent | 81 Name | 10. Name and Address of New Reg | gistered Agent |
| C T CORPORATION SYSTEM | | | | |
| 1200 S PINE ISLAND RD | | 82 Street Add | lress (P.O. Box Number is Not Acceptable) | |
| PLANTATION FL 33324 | | 83 | | |
| | | 04 0 | | · · · · · · · · · · · · · · · · · · · |
| Pursuant to the provisions of Sections 607 or registered agent, or both, in the State of the sections for the section for the sect | | 84 City | | FI 85 Zip Code |
| foodbacketty pool passed the ablant and a | | | | · · · · · · · · · · · · · · · · · · · |
| or registered agent, or both, in the State of familiar with, and accept the obligations of SNATURE Signature types or pooled hand of registers. | , Coccorroor.0000, Florida Statutes | | | DANE |
| Signature types or posted name of registers OFFICER | ிஞார் அப்பிர் இழுக்கு | OR Helphand Agests patting respon | ol wieje, nered stogi | DATE |
| SNATURE Signature types or posted rand of registrate. OFFICE R. PD | all agent and Michael Prace IND | OF Begalarad Agosts, parces occurs | | RS AND DIRECTORS IN 12 |
| SIGNATURE Signature types or powed name of registers OFFICER PD KATZ, HAL M | ிஞார் அப்பிர் இழுக்கு | OIE Beginded Agests parker expension 13. 1 THUE 12 NAME | ol wieje, nered stogi | RS AND DIRECTORS IN 12 |
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| SNATURE Signature types or provided name of registers OFFICER LE PD KATZ, HAL M 108 WILMINGTON DR Y-ST-ZIP MELVILLE NY 11747 | el agent acultain il aus crace (iiis) SS AND DIRECTORS | 13. 11/10F 12 NAME 13 STREET ADDRESS 14 CHY SI-ZIP | ol wieje, nered stogi | RS AND DIRECTORS IN 12 Change Addition |
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DELIA MERCADO

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4.29.96 (5/6)232-3355