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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200001060 (2)

DYNAMIC NUTRITION OF FLORIDA, INC.

FILED Jun 19 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				1 3001/001 TIO JOING JUNIO HONIN DONIN BATAL DONN HAVE DESIN DONN JOHN DONN DONN			
1085 SW 15TH ST		195 ENGINEER'S DRIVE							
SUITE 6	OIL #1 05444	HAUPPAUGE N 11788-4	020						
Delray Bea Us	CH FL 33444	US				3. Date Incorporated or Qualified 10/30/1992		ate of Last F 5/01/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26			65-0363704		N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27	27			5. Certificate of Status Desired	L!	Fee R	equired
City & Stat	e	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees	
Ζiρ	Country	Zip	<del></del>	untry		8. This corporation has liability for		_	s. 199,032,
24	25	29	30	T			Yes		
9. Name and Address of Current Registered Agent						10. Name and Address of New R	gisterea	Agent	
C T CORPORATION SYSTEM				81	Name				
	00 8 PINE ISLAND RD		82 Street			dress (P.O. Box Number is Not Accepta	ble)		
PL	ANTATION FL 33324			83					
				63					
				84	City		FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	above	e-named co	orporation submits this statement for the	nuroose r	of changing i	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.		D DIRECTORS	13.		int signatoro re-	ADDITIONS/CHANGES TO OFFI		D DIRECTO	RS IN 12
TITLE	PD	DELETE		IIILE			<del></del>	Change	☐ Addition
NAME	KATZ, HAL M		1.2 (	NAME					
STREET ADDRESS	108 WILMINGTON DR	1.3 \$		STREET	ADDRESS				
CITY-ST-ZIP	MELVILLE NY 11747				51 - 2iP				
TITLE	SD DELETI			2.1 TITLE				☐ Change	Addition
NAME	MERCADO, DELIA		2.2 N				*		
STREET ADDRESS	195 ENGINEERS RD		2.3 \$		ADDRESS				
CITY-ST-ZIP	HAUPPAUGE NY 11788		2.41		ST - ZiP				
TITLE		DELETE						☐ Change	Addition
NAME			3.2	NAME	- 1				1
STREET ADDRESS			33	STREET	ADDRESS	•			
CITY-ST-ZIP			34.	CITY-	ST-ZIP				
TITLE		☐ D£LETE	4.1	TITLE				Change	Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3	STRELT	ADDRESS				
CITY-ST-ZIP	:		4.4	CITY-S	ST - ZIP				
TITLE		☐ DELETE	5.1	TITLE				Change	Addition
NAME			5.21	NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-ZIP ,	l		5.4	CUTY - S	31-ZIP				
TITLÉ		DELETE	6.1	nile				Change	Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREET	ADORESS				
CITY-ST-ZIP			6.4	C(1Y - 9	51 - Z(P				
, <del></del>						11: 6 440.07/01/22 Et 21: 01:14	1 2 1	198 11	

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.

6-1262