

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000003316

1. Corporation Name

NUTRITION TODAY INC.

Principal Place of Business:

GENERAL NUTRITION CENTER
5703 N. UNIVERSITY DR.
TMARAC FL 33321

Mailing Address

GENERAL NUTRITION CENTER
5703 N. UNIVERSITY DR.
TMARAC FL 33321

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90015 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1992

4. FEI Number
65-0367705

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 owes the current year Intangible
Personal Property Tax.

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

YIBIRIN, SERGIO
5324 BUCKHEAD CIRCLE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name MIGUEL J RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable) 4801 S. UNIVERSITY DRIVE
83 SUITE 3000
84 City DAVIE FL 85 Zip Code 33328

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 D ☐ DELETE

NAME YIBIRIN, SERGIO
STREET ADDRESS 5324 BUCKHEAD CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ DELETE

NAME YIBIRIN, BERNARDO
STREET ADDRESS 4650 NW 100 WAY
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ DELETE

NAME YIBIRIN, ROSARIO
STREET ADDRESS 4650 NW 100 WAY
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ DELETE

NAME MENDEZ, GINETH
STREET ADDRESS 5326 BUCKHEAD CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

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

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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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 of 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0301811