

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 11:36

DOCUMENT # P94000003050 (9)

1. Corporation Name

METLIE NUTRITION CORPORATION

Principal Place of Business

3200 NW 95 TERR
SUNRISE FL 33351

Mailing Address

3200 NW 95 TERR
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/05/1994

3a. Date of Last Report

2. Principal Place of Business

21 8251 PINE ISLAND RD.

2a. Mailing Address

26 8251 PINE ISLAND RD.

4. FEI Number

45-0459878

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 TAMARAC, FL.

City & State

28 TAMARAC FL.

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33321

25 U.S.A.

Zip

Country

29 33321

30 U.S.A.

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ECKERT, REID P
3200 NW 95 TERR
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name LOIS, EVIS S.
82 Street Address (P.O. Box Number is Not Acceptable) 11211 S. MILITARY TRAIL # 3222
83
84 City BOYNTON BEACH, FL 85 Zip Code 33436

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 EVIS S. LOIS 1-15-95

Signature, Type or Printed Name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ECKERT, REID P
STREET ADDRESS	3200 NW 95 TERR
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	D
NAME	LOIS, EVIS S
STREET ADDRESS	1840 NW 105 TERR
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
12 NAME	NO LONGER A DIRECTOR.
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	LOIS, EVIS S.
23 STREET ADDRESS	11211 S. MILITARY TRAIL #3222
24 CITY-ST-ZIP	BOYNTON BEACH, FL 33436
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	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
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 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: EVIS S. LOIS 1-15-95 (201) 221-1195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #