

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 07 1996 8:00 am
Secretary of State

DOCUMENT # P94000016113 (0)

1. Corporation Name

NUTRACEUTICS CORPORATION

Principal Place of Business

2200 NORTHEAST 26TH ST.
WILTON MANORS FL 33305

Mailing Address

2200 NORTHEAST 26TH ST.
WILTON MANORS FL 33305

3. Date Incorporated or Qualified
02/28/1994

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

21 600 FAIRWAY DR.

2a. Mailing Address

26 600 FAIRWAY DR.

4. FEI Number
65-0474565

Applied For
Not Applicable

Suite, Apt. #, etc.

22 Suite 105

Suite, Apt. #, etc.

27 Suite 105

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 DEERFIELD BGN, FL

City & State

28 DEERFIELD BGN, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33441

Country

25 USA

Zip

29 33441

Country

30 USA

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

9. Name and Address of Current Registered Agent

GILBERTSON, STEPHEN W
2200 N.E. 26 ST.
WILTON MANORS FL 33305

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 607.1506, 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

Stephen W Gilbertson

3/1/96

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE
NAME SORENSON, BRAD
STREET ADDRESS 2200 NORTHEAST 26TH ST.
CITY-STATE-ZIP WILTON MANORS FL 33305

TITLE CEO (P) ☐ DELETE
NAME BRAD SORENSON
STREET ADDRESS 600 FAIRWAY DR #105
CITY-STATE-ZIP DEERFIELD BGN, FL 33441

TITLE CFO (T-S) ☐ DELETE
NAME JENNIFER JAMIESON
STREET ADDRESS SAME -
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96-

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