

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000016113 (0)
 1. Corporation Name
NUTRACEUTICS CORPORATION



Principal Place of Business 600 FAIRWAY DRIVE SUITE 105 DEERFIELD BEACH FL 33441 US	Mailing Address 600 FAIRWAY DRIVE SUITE 105 DEERFIELD BEACH FL 33441 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/28/1994

4. FEI Number
65-0474565

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business <i>Same</i>	22. Mailing Address <i>Same</i>
23. Suite, Apt. #, etc.	24. Suite, Apt. #, etc.
25. City & State	26. City & State
27. Zip	28. Country
29. Zip	30. Country

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 607.1508, 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 STEPHEN W. GILBERTSON DATE Jan 16, 1998
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DPST	
NAME	SORENSON, BRAD	
STREET ADDRESS	2200 NORTHEAST 26TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	SORENSON, BRAD	
STREET ADDRESS	600 FAIRWAY DRIVE #105	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	JAMISON, JENNIFER	
STREET ADDRESS	600 FAIRWAY DRIVE #105	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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)(f), 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, 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] **1/16/98** **CALL 775-5000**

CR2E034 (10/97)