

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

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90064 003 \*\*\*150.00

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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1994

4. FEI Number

65-0474565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 3317 NW 10 TER

Suite, Apt. #, etc.

22 #404

City & State

23 FORT LAUDERDALE, FL

Zip

24 33309

Country

25 USA

2a. Mailing Address

26 3317 NW 10 TER

Suite, Apt. #, etc.

27 #404

City & State

28 FORT LAUDERDALE, FL

Zip

29 33309

Country

30 USA

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 SAME

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/99

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE

NAME SORENSON, BRAD  
STREET ADDRESS 2200 NORTHEAST 26TH ST.  
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE CEOP ☐ DELETE

NAME SORENSON, BRAD  
STREET ADDRESS 600 FAIRWAY DRIVE #105  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE TS ☐ DELETE

NAME JAMISON, JENNIFER  
STREET ADDRESS 600 FAIRWAY DRIVE #105  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)