

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000043315 (8)

1. Corporation Name

NUTRITION AUTHORITY, INC.

Principal Place of Business

1351 W PALMETTO RD
BOCA RATON FL 33486

Mailing Address

1351 W PALMETTO RD
BOCA RATON FL 33486

2. Principal Place of Business

2a. Mailing Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

HAGEN, MAX M ESQ
16663 NE 19TH AVE
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified	3a. Date of Last Report
06/06/1994	03/16/1995
4. FEI Number	Applied For
65-0497711	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	☐
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	☐ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 provisions of, Section 607.0506, Florida Statutes.

SIGNATURE:

DATE: 03/16/95

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BRAATEN, KRISTOFER	
STREET ADDRESS	1351 W PALMETTO RD	
CITY- ST- ZIP	BOCA RATON FL 33486	
TITLE	DST	☐ DELETE
NAME	BRAATEN, CHERYL	
STREET ADDRESS	1351 W PALMETTO RD	
CITY- ST- ZIP	BOCA RATON FL 33486	
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 '95

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	☐ Change ☐ Addition
15 TITLE	
21 NAME	
22 STREET ADDRESS	
23 CITY- ST- ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	☐ Change ☐ Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied on this filing is voluntary, 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 majority 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 page attachment, an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 954-784-6996

CR2E034 (12/95)