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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P94000046345 (2)

1. Corporation Name
V-TREE, INC.

Principal Place of Business	Mailing Address
% GENERAL NUTRITION CENTER 6300 N. WICKHAM RD., SUITE 112 MELBOURNE FL 32940 US	% GENERAL NUTRITION CENTER 6300 N. WICKHAM RD., SUITE 112 MELBOURNE FL 32940-2023 US

3. Date Incorporated or Qualified: 06/21/1994
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): c/o GNC
Suite, Apt. #, etc. (27): P.O. BOX 372127
City & State (28): SATELLITE BEACH, FL
Zip (29): 32937
Country (30): US

4. FEI Number: 59-3253939 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BALINSKY, GARY~~
~~C/O GNC~~
~~6300 N. WICKHAM RD., SUITE 112~~
~~MELBOURNE FL 32940~~

10. Name and Address of New Registered Agent

81 Name: BALINSKY, GARY
82 Street Address (P.O. Box Number is Not Acceptable): 348 SHERWOOD AVE.
83
84 City: SATELLITE BEACH FL 85 Zip Code: 32937

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE	PS	☐ Change ☐ Addition
NAME	BALINSKY, GARY A		1.2 NAME	BALINSKY, GARY A.	
STREET ADDRESS	~~C/O GNC 6300 N WICKHAM RD 112~~		1.3 STREET ADDRESS	348 SHERWOOD AVE.	
CITY-ST-ZIP	~~MELBOURNE FL~~		1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	VT	☐ DELETE	2.1 TITLE	VT	☐ Change ☐ Addition
NAME	GOSHORN, GLORIA		2.2 NAME	GOSHORN, GLORIA	
STREET ADDRESS	~~C/O GNC 6300 N WICKHAM R D112~~		2.3 STREET ADDRESS	C/O BALINSKY, 348 SHERWOOD AVE.	
CITY-ST-ZIP	~~MELBORUNE FL~~		2.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 added by an attachment with an address.

SIGNATURE: [signature] GARY A. BALINSKY 4/22/97 407-951-8607