SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P94000069259 (7)

VITAMIN DEPOT, INC.

***************************************	DEL OT, INC.					
Principal Place of Business TR Mailing Address						
6300 & TANIAMI TRAIL 6350 S. TAMIAMI 8855 HUNTINGTON PT DRIVE						
SARASOTA FL 34238					DO NOT WRITE IN TH	IIS SPACE
34231 USA					3. Date Incorporated or Qualified	
					09/16/1994	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 6350 5, TAMIAMI TR. 26					65-0518864	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 SARASOTA FL 28			~		Trust Fund Contribution L_J	Added to Fees
Zip Country Zip Zip Zip Zip Zi			Country		8. This corporation owes or has paid the c	
24 3 4 사	9. Name and Address of Current	29 Registered Apont	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
1 AV/		Kefirmer Affaur		81 Name	10. Name and Address of New Registere	d Agent
LAVALLEY, ROBERT J				1 Name		
8855 HUNTINGTON PT DRIVE SARASOTA FL 34238				82 Street Address (P.O. Box Number is Not Acceptable)		
SAR	ASUIA FL 34238			83		
				84 City	F	85 Zip Code
11 Durament to the provisions of anglines 607 0500 and 607 4509 Claside Statutes the above to						
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 Signature, typed or printed name of registered agest and title if applicable. (NOTE: Ri				ed Agent signature re	M J quired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P DELETE 1.5		1.1 TIT	LE		Change Addition
NAME	LAVALLEY BOREST I		1.2 NA	ME		
STREET ADDRESS	8855 HUNTINGTON PT DRIVE		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238		1.4 CiT	Y-ST-ZIP		
TITLE	DELETE 2.1		2.1 TIT	LE		Change Addition
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 STF	REET ADDRESS		
CITY-ST-ZIP			2.4 CIT	Y-ST-ZIP		
TITLE	· DELETE		3.1 TH	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 STF	REET ADDRESS		
CITY-ST-ZIP			3.4 CIT	Y-ST-ZIP		
TITLE		DELETE	4.1 T(7	LE		Change Addition
NAME			4.2 NA	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	DELETE 5.110				Change Addition	
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STI	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		L_ DELETE	6.1 TiT	İ		Change Addition
NAME			6.2 NA			
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP	wife that the information arrested with	his filing doop not august for		Y-ST-ZIP	etion 110.07/3/ii) Florida Statutos I further codifi	Abat the information

a nerecy certify that the information supplied with this filling 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 suppliemental 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.

FILED

Aug 27 1998 8:00am

Secretary of State