

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

DOCUMENT # P94000078932 (8)

1. Corporation Name

NU-LIFE NUTRACEUTICALS, INC.

Principal Place of Business

Mailing Address

5265 S.E. Williams Way

Stuart, FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1994

4. FEI Number

62-1583164

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

81. Name

Kwek, Carol

82. Street Address (P.O. Box Number is Not Acceptable)

5265 S.E. Williams Way

83.

84. City

Stuart.

FL

85. Zip Code
34997

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

Carol Kwek

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

(NOTE: Registered Agent signature required when reissuing)

March 5, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Kwek, Carol
5265 S.E. Williams Way
Stuart, FL 34997

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

4000002831164--1

-04/06/99--01077--011

****150.00 ****150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Carol Kwek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 1999

DATE OF FILING

CR2E034 (11/98)