

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 06 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 # P94000093234 (0)

1. Corporation Name
NUTRIMED, INC.



Principal Place of Business
3314 W COLUMBUS DR
TAMPA FL 33607

Mailing Address
3314 W COLUMBUS DR
TAMPA FL 33607-1820

3. Date Incorporated or Qualified 01/01/1995	3a. Date of Last Report 02/13/1996
4. FEI Number 59-3292575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
SUAREZ, ILLAN
3314 W COLUMBUS DR
TAMPA FL 33607

10. Name and Address of New Registered Agent
81 Name Idel Suarez, Jr.
82 Street Address (P.O. Box Number if Not Applicable) 20204 Gulf Blvd. No. 3
83
84 City Tampa FL 85 Zip Code 34635

11. Pursuant to the provisions of Sections 607.0802 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: *Idel Suarez, Jr.* Idel Suarez, Jr., President March 3, 1997
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME SUAREZ, ILLAN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 8114 N HALE AVE	CITY-STATE-ZIP TAMPA FL 33614	
TITLE VD	NAME SUAREZ, IDEL JR.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 20404 GULF BLVD #3	CITY-STATE-ZIP INDIAN SHORES FL 34635	
TITLE SD	NAME SUAREZ, IDEL	<input type="checkbox"/> DELETE
STREET ADDRESS 2707 N ST VINCENT STREET	CITY-STATE-ZIP TAMPA FL	
TITLE TD	NAME SUAREZ, IRMA	<input type="checkbox"/> DELETE
STREET ADDRESS 2707 N ST VINCENT STREET	CITY-STATE-ZIP TAMPA FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Idel Suarez, Jr.	
1.3 STREET ADDRESS 20204 Gulf Blvd. #3	
1.4 CITY-STATE-ZIP Indian Shores, FL 34635	
2.1 TITLE Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Idel Suarez	
2.3 STREET ADDRESS 3314 W. Columbus Dr.	
2.4 CITY-STATE-ZIP Tampa, FL 34635	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE Corporate Secretary Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Linda Suarez	
5.3 STREET ADDRESS 20204 Gulf Blvd. #3	
5.4 CITY-STATE-ZIP Indian Shores, FL 34635	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 on an attachment with an address.

SIGNATURE: *Idel Suarez, Jr.* March 3, 1997 813/595-6171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)