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 # P95000019479

	SHOPPE VITAMINS AND NA				
Principal Place	e of Business	Mailing Address			
12620-16 BEACH BLVD. 12620-16 BEACH BLVD. JACKSONVILLE FL 32246 JACKSONVILLE FL 32246				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed 03/09/1995	
2. Principal P	lace of Business	2a. Mailing Address	-	4. FEI Number	Applied For
21		26		59-3304774	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u></u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r intangible □ Yes □ No
24	25	Pagistered Agent	<u> </u>	Personal Property Tax. 10. Name and Address of New Registe	
	9. Name and Address of Current	Registered Agent	81 Name 'i	- C - C - C - C - C - C - C - C - C - C	
CARROLL, LORRAINE A					
10111 SAN JOSE BLVD. Darre Jacks 2 Street 4013 Jebb Island Cir. E.					.E.
UNIT	12 (CONDULT TI 20057	1.F ada	83	acksonulle Fl-3	2274
			0 0 0 0 0 0 0 0 0 0		85 Zfp Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpos	e of changing its registered
office or r	egistered agent, or both, in the State o m familiar wjस्क, and accept the obligat	of Florida. Such change was aut ions of, Section 607,0505, Florid	nonzed by the corporational statutes.	on's board of directors. I hereby accept the a	opolitine it as registered
SIGNATURE	LANDAIN OR	annold		2.0	16-99
SIGNATURE	Signature, typed of printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	egistered Agent signature require		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	P	☐ DELETE	1.1 TITLE		C. Olivido C. Normani
NAME	CARROLL, LORRAINE A.		1,2 NAME		
STREET ADDRESS	4013 JEBB ISLAND CIR EAST		1,3 STREET ADDRESS		}
CITY-ST-ZIP	JACKSONVILLE FL 32224	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE			2.2 NAME		
NAME					
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		ļ
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		☐ OELETÉ	5.1 TITLE		☐ Change ☐ Addition
NAME	•		5.2 NAME	•	1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	5.建位10. 在165克。		6.2 NAME		
	17 m mar (1.7) 1.7 m m21		6.3 STREET ADDRESS		

CITY-ST-ZIP I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90019 033 ***150.00