

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 AUG 27 PM 3:43

DOCUMENT # P95000023826 (7)

1. Corporation Name

NUTRACEUTICAL SCIENCES CORP.



Principal Place of Business

Mailing Address

3462 N. UNIVERSITY DRIVE
SUNRISE FL 33351

3462 N. UNIVERSITY DRIVE
SUNRISE FL 33351

3. Date Incorporated or Qualified

03/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc

26 Suite Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

4. FFI Number

5. Certificate of Status Desired

Applied For
Not Applicable

6. Election Campaign Financing
Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

BILELLO, VINCENT A
3462 N. UNIVERSITY DRIVE
SUNRISE FL 33351

81 Name

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

83

84 City

FL

85 Zip Code

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 in permanent ink on this form. (If not applicable, check box.)

(If the Registered Agent is not a resident of Florida, check box.)

Date

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BILELLO, VINCENT A
STREET ADDRESS 3462 N. UNIVERSITY DRIVE
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ DELETE
NAME COHN, LEONARD M
STREET ADDRESS 3462 N. UNIVERSITY DRIVE
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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****225.00 ****225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vincent A Bilello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-96

Date

951-746-9600

Telephone #

CR2E034 (3/96)