FILE NOW: FILING FEE AFTER MAY 1ST IS $50.00

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Jun 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P95000060411 (2)**

1. Corporation Name
EUROPEAN HEALTH & NUTRITION CENTER, INC.

Principal Place of Business
1634 S.E. 47 STREET
STE. 16
CAPE CORAL FL 33904

Mailing Address
1634 S.E. 47 STREET
STE. 16
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/04/1995

2. Principal Place of Business
21 5239 Nautilus Dr.
Suite, Apt #, etc.
22
City & State
23 Cape Coral, Fl.
Zip
24 33904
Country
25

2a. Mailing Address
26 1318 Lafayette St
Suite, Apt #, etc.
27
City & State
28 Cape Coral, Fl.
Zip
29 33904
Country
30

4. FEI Number
APPLIED FOR 65-0601973
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
SEEMAN, EARNEST A ESQ.
4729 DEL PRADO BLVD.
CAPE CORAL FL 33904

10. **Name and Address of New Registered Agent**
81 Name Seeman, Earnest A. ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) 1105 Cape Coral Pkwy, East, Suite C
83
84 City CAPE CORAL FL 85 Zip Code 33904

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 (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SCHWANKE, ALEXA	
STREET ADDRESS	PETER-JOSEPH-FEY STR. 6, 53902	
CITY-ST-ZIP	BAD MUENSTEREIFEL, GERMANY	
TITLE	TSD	☐ DELETE
NAME	SCHWANKE, THOMAS J	
STREET ADDRESS	PETER-JOSEPH-FEY STR. 3, 53902	
CITY-ST-ZIP	BAD MUENSTEREIFEL, GERMANY	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	900002559259	☐ Change ☐ Addition
6.2 NAME	-06/09/98--01087--028	
6.3 STREET ADDRESS	***150.00	
6.4 CITY-ST-ZIP		

JC 6/9

14. 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.

SIGNATURE

CR2E 034 (10/97)