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

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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 5239 Nautilus Dr.	26 Suite, Apt. #, etc.: 1318 Lafayette St
22	27
23 City & State: Cape Coral, Fl.	28 City & State: Cape Coral, Fl.
24 Zip: 33904 25 Country	29 Zip: 33904 30 Country

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 CapeCoral Pkwy. East, SUITE C
83
84 City: CAPE CORAL FL 85 Zip Code: 33904

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHWANKE, ALEXA		1.2 NAME	
STREET ADDRESS	PETER-JOSEPH-FEY STR. 6, 53902		1.3 STREET ADDRESS	
CITY-ST-ZIP	BAD MUENSTEREIFEL, GERMANY		1.4 CITY-ST-ZIP	
TITLE	TSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHWANKE, THOMAS J		2.2 NAME	
STREET ADDRESS	PETER-JOSEPH-FEY STR. 3, 53902		2.3 STREET ADDRESS	
CITY-ST-ZIP	BAD MUENSTEREIFEL, GERMANY		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
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		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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 _____ NAME AND TITLE _____ DATE _____

CR2E 034 (10/97)