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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUME Corporation Nac	NT#	P9500	000837	752 (	(2)

HYDE PARK HEALTH & NUTRITION, INC.

## FILED Apr 21 1997 8:00am Secretary of State



rancipai ma	ace of Business	Mailing Addre	988			( LOD) (LOG) ( DIA TOLIA) WILLIAM OPTIT OUT IN DERI	Calat Ibida i	fist läffåt äll	10 1101 1001
533 S HOWARD AVE #5 TAMPAO FL 33606		533 S HOWARD AVE #5 TAMPAO FL 33606-2063							
Transfer L						3. Date Incorporated or Qualified 10/30/1995		of Last F <b>0/1996</b>	Report
2. Principal	Place of Business	2a. Mailing Ad	ddress		· ······ · ·····	4. FEI Number	1		pplied For
21 StimE 26		26 SA	~ C N M			59-3337817		N	ot Applicabl
Suita, Ap 2		Suite, Apt	. #, etc.			5. Certificate of Status Desired			Additional equired
City & Sta	ate	City & Sta	te			6. Election Campaign Financing			May Be
		28				Trust Fund Contribution			to Fees
Ziρ	Country	Zip		Country	7	8. This corporation has liability for i	ntangible t	ax under (	s. <b>19</b> 9,032,
4	25	29		30			Yes [		
	9. Name and Address of C	urrent Registered Agei	<u>1t</u>		T	10. Name and Address of New Re	gistered A	gent	
	emesa, James M			81	Name 5	AMES .			
	)11 W BAY VIEW			82	Street Add	fress (P.O. Box Number is Not Acceptab	le)		
TA	AMPA FL 33811			-	ļ				
				83					
				84	City			<b>85</b> Zip	Code
						poration submits this statement for the p	<u>FL</u>		
	Signature, typed or printed name of register	red agent and life if applicable							
2	OFFICER				ent signature requ	ared when reinstating)  ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
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14. Ido 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 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 (813) 258-1200 Dayting Priorie

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