

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG -4 PM 1:19

DOCUMENT # P96000012229 (6)

1. Corporation Name
NUTRISUPPLIES WAREHOUSE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2695 N. MILITARY TRAIL
STE 7
WEST PALM BEACH FL 33409

Mailing Address
2695 N. MILITARY TRAIL
STE 7
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/05/1996	3a. Date of Last Report
4. FEI Number 65-0643498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

HARTMAN, DON
7901 79TH WAY
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name DON HARTMAN
82 Street Address (P.O. Box Number is Not Acceptable) 2695 N. MILITARY TRAIL #7
83
84 City WEST PALM BEACH FL
85 Zip Code 33409

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HARTMAN, DON <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, DON	1.2 NAME	
STREET ADDRESS	7901 79TH WAY	1.3 STREET ADDRESS	2695 N. MILITARY TRAIL #7
CITY-ST-ZIP	WEST PALM BEACH FL 33407	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	800002261918--5
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-08/08/97--01104--008
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	****165.00 ****165.00
NAME		4.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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

[Signature]

7/28/97

8/1/97

CR2E034 (4/97)

2 of 2

NutriSupplies® Warehouse, Inc.
2695 North Military Trail #7
West Palm Beach, FL 33409
561-640-7900 • 800-388-8808 • 800-90-NUTRI
Fax: 561-640-2781

Florida Department Of State
Divisions Of Corporations
PO Box 6327
Tallahassee, FL 32314
July 15, 1997

RE:Document #P96000012229 (6)

Dear Sirs,

We have just received a 1997 Corporate Annual report packet marked "2nd notice".

Please note that we moved from our previous address in September/October 1996 and never received any first notice. Thus the \$550 filing fee seems a bit excessive.

Please advise what we should do at this time

Very truly yours,
NutriSupplies Warehouse, Inc.


By, Don Hartman, Pres.