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Jun 06 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000022606 (3)

1. Corporation Name

INTERNATIONAL COMMUNITY OF NUTRITION, INC.



Principal Place of Business

Mailing Address

**721 PARTRIDGE COURT
MARCO ISLAND FL 33937**

**721 PARTRIDGE COURT
MARCO ISLAND FL 34145-5823**

3. Date Incorporated or Qualified

03/12/1996

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NOLD, JOHN A
995 N. COLLIER BLVD.
MARCO ISLAND FL**

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 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 **D** ☐ DELETE
NAME **MACDONALD, DENNIS**
STREET ADDRESS **277 NORTH COLLIER BLVD.**
CITY-ST-ZIP **MARCO ISLAND FL 33937**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SLAWIK, MELVIN A JR.**
STREET ADDRESS **277 NORTH COLLIER BLVD.**
CITY-ST-ZIP **MARCO ISLAND FL 33937**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **PARK, HYUNG K**
STREET ADDRESS **302 ANTHONY DRIVE**
CITY-ST-ZIP **PLYMOUTH MEETING PA 19462**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **SKUBINSKI, JOHN**
STREET ADDRESS **3451 BAILEY BRIDGE CIRCLE**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

PH 6/6/97

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*****165.00**

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, by an attachment with an address.

SIGNATURE

[Handwritten Signature]

4/30/97

CR2E034 (9/96)