

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000037927 (6)

1. Corporation Name

PYRAMID NUTRITION CORPORATION



Principal Place of Business 3116 N FEDERAL HWY SUITE 344 LIGHTHOUSE PT FL 33064 US	Mailing Address 3116 N FEDERAL HWY SUITE 344 LIGHTHOUSE PT FL 33064 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200 Clintmore #11 Suite, Apt. #, etc.		2a. Mailing Address 26 1200 Clintmore #11 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/02/1996	
22 City & State 23 Boca Raton		27 City & State 28 Boca Raton FL		4. FEI Number 65-0679525	
24 33487		29 33487		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Boca Raton		30 Boca Raton		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 Boca Raton		31 Boca Raton		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROTHMAN, LEE M 2295 CORPORATE BLVD NW STE 134 BOCA RATON FL 33431		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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	DO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHBACH, CARY	1.2 NAME	
STREET ADDRESS	6096 GLENDALE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	O	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRANGSHOLT, CHRISTINE	2.2 NAME	
STREET ADDRESS	110 SE 14TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	
TITLE	O	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHBACH, JODY	3.2 NAME	
STREET ADDRESS	625 NE 11TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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	

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.

CR2E034 (10/97)

4/29-98