

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90125 001 \*\*\*150.00

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1. Corporation Name

PYRAMID NUTRITION CORPORATION

Principal Place of Business

1200 CLINTMORE  
SUITE 11  
BOCA RATON FL 33064  
US

Mailing Address

1200 CLINTMORE  
SUITE 11  
BOCA RATON FL 33487  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1996

4. FEI Number

65-0679525

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

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

TITLE DO ☐ DELETE

NAME REICHBACH, CARY  
STREET ADDRESS 6096 GLENDALE DR  
CITY-ST-ZIP BOCA RATON FL

TITLE DO ☐ DELETE

NAME DRANGSHOLT, CHRISTINE  
STREET ADDRESS 110 SE 14TH AVE  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE O ☐ DELETE

NAME REICHBACH, JODY  
STREET ADDRESS 625 NE 11TH AVE  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS

TITLE ☐ DELETE

NAME  
STREET ADDRESS

TITLE ☐ DELETE

NAME  
STREET ADDRESS

TITLE ☐ DELETE

NAME  
STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

Date

Daytime Phone #

CR2E034 (11/98)