

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90009 020 ***150.00

DOCUMENT # **P96000047053**

1. Corporation Name

NUTRITION OUTLET, INC.

Principal Place of Business

**394 N. CONGRESS AVE.
BOYNTON BEACH FL 33426**

Mailing Address

**394 N. CONGRESS AVE.
BOYNTON BEACH FL 33426**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1996

4. FEI Number

65-0673129

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

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

☐ 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

**ENGELHARD, SHELDON
THE PLAZA, STE 801
5355 TOWN CENTER ROAD
BOCA RATON FL 33486**

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 **DP** ☐ DELETE
NAME **ROSS, SCOTT E**
STREET ADDRESS **6345 OCEAN DR**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **DV** ☐ DELETE
NAME **MOTSAY, WILLIAM J**
STREET ADDRESS **10145 NW 43RD ST**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **OD** ☐ DELETE
NAME **ARCURI, ANTHONY**
STREET ADDRESS **3001 S OCEAN DR**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

579158-90009-20
P96000047053

NUTRITION OUTLET, INC.
394 N CONGRESS AVE
BOYNTON BEACH, FL 33426

July, 26, 1999

Florida Department of State
Annual Reports Filing
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314
Attn; Kristin

Dear Kristin,

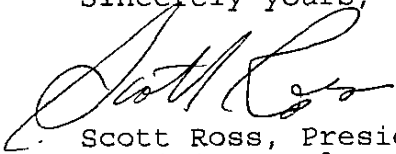
Per our conversation the other day regarding our 1999
Corporate annual report for doc# P96000047053.

This is to inform you that on January 11, 1999 we issued
check #5326 for \$150.00 for the payment of our 1999 corporate
annual report. As of this date the check has not cleared our
bank. per your instructions, we are enclosing a replacement
check for \$150.00 and a new signed annual report for 1999.

Please process this 1999 annual report and update your
records accordingly.

Thank you for your immediate attention to the matter
enclosed.

Sincerely yours,



Scott Ross, President
Nutrition Outlet, Inc.

annrep99.nut