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

PROFIT CORPORATION ANNUAL REPORT

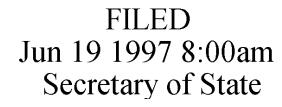


FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # P96000048899 (4) ELITE NUTRITION PRODUCTS, INC.





1000 geomman									
Principal Place of Business / Mailing Address						1 10031001 114 (0116 8111; 4011) 43111 60111	46111 A1004 18501 1811	9 18 (18 18)) (89)	
1107 KEY PLAZA #310 1107 KEY PLAZA #310 KEY WEST FL 33040-4077									
110, 110, 12	*****	712							
						3. Date Incorporated or Qualified 06/05/1996	3a. Date of La	ist Report	
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21 26						105-06736	35	Not Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	us Desired S8.75 Additional		
22		27	ily & State			Fee Hequired			
			Diale			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	······································			Sountry 8. This corporation has liability for intangible tax under s. 199,032,					
24	25 29 30		30	Florida Statules Yes P No			100.007		
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	Istered Agent		
	ALFOMO, ANTHONY		1	81 1	ame				
1107 KEY PLAZA #310 KEY WEST FL 33040				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
					ity		FLI	Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida St	atutes, the ab	ove-na	med corp	poration submits this statement for the place ion's board of directors. I hereby accept	rpose of changi	ng its registered	
agent. I a	m familiar with, and accept the obl	ligations of Section 607.0505	, Florida Statu	ıtes.	o corporar		t ind appointmen	it as registered	
SIGNATURE	Signature, typed or printed name of registered a	alayour				ed when reinstating)	9/97	,	
12,		ND DIRECTORS	13.	Agerii si	gnature requir	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	TORS IN 12	
TITLE	PSTD DELETE BAKER, JOHN P			1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chai		
NAME			1.2 NAI	ME				j	
STREET ADDRESS	828 WINDSOR LANE (UP)		1.3 STF	1.3 STREET ADDRESS					
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CIT	Y-\$1-21	P				
TITLE			1	2.1 TITLE			Cha	nge L Addition	
NAME				2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS			- 1						
CITY-ST-ZIP TITLE		DELETE	2. 4 CI	LE LE			Cha	nge Addition	
NAME			3.2 NA						
STREET ADDRESS			3 3 S I F	IEET ADE	RESS				
CITY-ST-ZIP			3.4, CII	Y-\$1.2	P				
TITLE		☐ DELETE	4.1 TH	LE			Cha	nge 🔲 Addition	
NAME			4.2 NA						
STREET ADDRESS				REET ADD				ļ	
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NAME		□¹ ⊅treit	5.1 HB				L. Vital	Ac T Vacanion	
STREET ADDRESS				VIL REET ADD	RESS				
CITY-ST-ZIP				Y-S1- <i>Z</i> I					
TITLE	***************************************	DELETE	6.1 TIT				☐ Cha	nge Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 STF	REET ADD	RESS			(
CITY-ST-ZIP				Y - ST - ZI					
14. do herek	by certify that the information suppl	hed with this filing does not q i	uality for the e	exemp	tion stated	in Section 119.07(3)(i), Florida Statutes	. I further certify:	that the	

information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corpolation 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 or chapter 607 or on an attachment with an address