

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03 1997 8:00 am
Secretary of State

DOCUMENT # P96000064625 (2)

1. Corporation Name

BOCA NUTRITION CENTER, INC.



Principal Place of Business

~~20921 LYONS RD.~~
~~BOCA RATON FL 33428~~

Mailing Address

~~20921 LYONS RD.~~
~~BOCA RATON FL 33428-1423~~

3. Date Incorporated or Qualified

08/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 9291 GLADES ROAD

2a. Mailing Address

26 9291 GLADES ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 306

27 SUITE 306

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33434

25 USA

29 33434

30 USA

4. FEI Number

65-0681358

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STEIN, JEFFREY
20921 LYONS RD.
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name STEIN, JEFFREY
82 Street Address (P.O. Box Number is Not Acceptable)
9291 GLADES ROAD
83 SUITE 306
84 City BOCA RATON FL 85 Zip Code 33434

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: X
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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	STEIN, JEFFREY	20921 LYONS RD.	BOCA RATON FL 33428	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	STEIN, JEFFREY	9291 GLADES ROAD	BOCA RATON FL 33434	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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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, or on an attachment with an address.

SIGNATURE: X
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Stein/Dir.

2/21/97

561 483 5500

Date

Daytime Phone

CR2E034 (9/96)