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FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000065924 (8)

1. Corporation Name

DR. VITAMIN OF HEALTHY NUTRITION, INC.



Principal Place of Business

Mailing Address

10611 NORTH TAMiami TRAIL, UNIT 1-A
NAPLES FL 34108

10611 NORTH TAMiami TRAIL, UNIT 1-A
NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1996

4. FEI Number

59-3393481

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 5433 Airport Rd N

Suite, Apt. #, etc.

22

City & State

23 Naples, FL

Zip

24 34109

Country

25 US

26 5433 Airport Rd N

Suite, Apt. #, etc.

27

City & State

28 Naples, FL

Zip

29 34109

Country

30 US

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 NAME ☐ DELETE

PD
DALE, JOHN B
10611 NORTH TAMiami TRAIL, UNIT 1-A
NAPLES FL 34108

TITLE NAME ☐ DELETE

STD
BAILEY, KAREN A
10611 NORTH TAMiami TRAIL, UNIT 1-A
NAPLES FL 34108

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
5433 Airport Rd N
Naples, FL 34109

21 TITLE ☐ Change ☐ Addition

22 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
5433 Airport Rd N
Naples, FL 34109

31 TITLE ☐ Change ☐ Addition

32 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

61 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:

Karen A. Bailey 1/12/98

941-511-4991

CR2E034 (10/97)