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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000081783 (8)
1. Corporation Name
NUTRITION 3000, INC.



Principal Place of Business: **519 CLEVELAND ST #115 CLEARWATER FL 34615**
Mailing Address: **519 CLEVELAND ST #115 CLEARWATER FL 34615-4009**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	200 GARDEN AVE. N.	26	SAME	09/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	SUITE 200	27		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	CLEARWATER, FL	28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	Zip 34615	25	Country PINELLAS	29	Zip 34615
30	Country				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
LYONS, GARY W 311 S MISSOURI AVE CLEARWATER FL 34616		81 Name	DIETRICH K. GENTSCH		
		82 Street Address (P.O. Box Number is Not Acceptable)	200 GARDEN AVE., N., SUITE 200		
		83			
		84 City	CLEARWATER	85 Zip Code	FL 34615

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: *Clay Gentsch* **DIETRICH K. GENTSCH** DATE: **APRIL 18, 1997**

Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLALDE, JOSE	1.2 NAME	OLALDE, JOSE
STREET ADDRESS	CALLE BARUTA EDIFICIO TECHA	1.3 STREET ADDRESS	CALLE BARUTA EDIFICIO TECHO
CITY-ST-ZIP	CARACAS VENEZUELA	1.4 CITY-ST-ZIP	CARACAS VENEZUELA
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY / TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	GENTSCH, DIETRICH KLAUS
STREET ADDRESS		2.3 STREET ADDRESS	2481 N.E. COACHMAN RD., APT. #117
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CLEARWATER, FL. 34625
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Clay Gentsch* **APRIL 18, 1997** (813) 441-8850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)