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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION CF CORPORATIONS

1999 DOCUMENT # 1 96-1. Corpo ation Name

NUTRITION 3000, INC.

Principal Place of Business	
Change	5
<u>-</u> -	0

Mailing Address

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90130 024 ***150.00

City & State Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year Intangible	Char	19e 5 579 Ch	wond st	# 10/		
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STREET ADDRESS CITY SCH CITY STEP		9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	d Agent
STREET ADDRESS CITY SCH CITY STEP		11 lugar FS	<i>c</i> .	81 Name		
STREET ADDRESS Convision of Sections 607, 0502 and 607, 1508, Florida Statules, the above-named or propriation submit is this statement for the purpose of changing its registered agent, and familiar with, and a cept the obligations of, Section 607, 0505, Florida Statules, the above-named or propriation's board of directors. I hereby accept the aprointment as registered agent, and familiar with, and a cept the obligations of, Section 607, 0505, Florida Statules. SIGNATURE Signature, typed or recolate may be diregistered agent and the registered agent	Car	C. M. 55011 A	ve.	82 Street	Address (P.O. Bo; Number is Not Acceptable)	
11. Pursuant to the provisions of Sciolone 607 0502 and 607 1508. Florida Statules, the above-named or operation submit is this statement for the purpose of changing its legistered office or registrored agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent, and familiar with, and at cept the obligations of, Section 607 0505, Florida Statules. SIGNATURE Supmium, speel or provide has of registered spent ind the explication (NOT) Registered Agent septiments are with remaining many many remaining many many remaining many many remained agent septiments as registered. 12.	011	100, 111, 12 F/ 13	3756	83		
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		ertify that the information supplied with	this filing does not qualify for I		Lin Section 119 07(3)(i) Florida Statutes I further o	ertify that the information

is true and accurate and that my signature shall have the same legal effect as if made under eating that it am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered. afficer or firector of the corporation or the receiver or trustee en Block 12 or Block 13 if changed, con an attachm and with an