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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006707 1. Corporation Name

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90152 009 ***150.00

THE VITAMIN OUTLET OF S.W. FLORIDA, INC.							
Principal Place of Business Mailing Add	ress			7 19411001 110 10111 10111	· · ·· 		
16387-B S. TAMIAMI TRAIL 16387-B S. T	amiami trail						
FT. MYERS FL 33908 FT. MYERS FL 33908				DO NOT	WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qu	alifed		
				01/17/1997			
2. Principal Place of Business 2a. Mailing	Address			4. FEI Number			plied For
21 26				65-0724225			t Applicable
Suite, Apt. #, etc. Suite, A	pt. #, etc.		·	5. Certificate of Status Des	ired 🗆	\$8.75 A	
27							
City & State City & S	State			6. Election Campaign Fina Trust Fund Contribution	ncing []	\$5.00 Added 1	
23 28		Country		8. This corporation owes the	e current year		
Zip Country Zip		Country		Personal Property Tax.	ie cuitcin your	☐Yes	No
24 25 29 9. Name and Address of Current Registered Ag	30			10. Name and Address of	New Register	ed Agent	
9. Name and Address of Current Registered Ag	Jone .	81	Name				
SPIRAWK, WILLIAM J		80	Ctroot Ad	dress (P.O. Box Number is Not A	Acceptable)		
16387-B S. TAMIAMI TRAIL		82	otreet Add	UIRSS (F.O. DOX NUMBER IS NOT F			
FT. MYERS FL 33908		83					
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•		84	City			=L .	
Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section	change was author	rized by t	he corpora	tion's board of directors. I hereb	y accept the ap	opointment as re	egistered
agent. I am ratified with, and accopt the congestion of				ired when reinstating)	DATE		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Regis			ired when reinstating) ADDITIONS/CHANGES	DATE	S AND DIRECTO	ORS IN 12
SIGNATURE Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS	(NOTE: Regis	stered Agent		ired when reinstating)	DATE		
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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, with all other like empowered.