

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

FILED
Apr 27 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 # P97000019211 (6)

1. Corporation Name
NUTRITION IN DISGUISE, INC.

Principal Place of Business

10343 ROYAL PALM BLVD. #118
CORAL SPRINGS FL 33065

Mailing Address

10343 ROYAL PALM BLVD. #118
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

65-0722637

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

21 2125 Sea Pines Way

Suite, Apt. #, etc.

22

City & State

23 CORAL SPRINGS FL

Zip

24 33071

Country

25 USA

2a. Mailing Address

26 2125 Sea Pines Way

Suite, Apt. #, etc.

27

City & State

28 CORAL SPRINGS FL

Zip

29 33071

Country

30 USA

9. Name and Address of Current Registered Agent

HUSAYKO, KAREN L
10343 ROYAL PALM BLVD. #118
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

KAREN L HUSAYKO

82 Street Address (P.O. Box Number is Not Acceptable)

2125 Sea Pines Way

83

84 City

Coral Springs

85 State

FL

86 Zip Code

33071

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

Karen L. Husayko

Signature of agent or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D HUSAYKO, KAREN L
STREET ADDRESS 10343 ROYAL PALM BLVD. #118
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D HUSAYKO, KAREN L
1.3 STREET ADDRESS 2125 Sea Pines Way
1.4 CITY-ST-ZIP CORAL SPRINGS FL 33071

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 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 HUSAYKO Karen Husayko Feb 27, 1998 954-255-3538

CR2E034 (10/97)