

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

FILED

Sep 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT #

1. Corporation Name

P97000022748(2)

J R S Nutrition market Co.

Principal Place of Business

Mailing Address

801 S. Federal Highway #825
Dania FL 33004

801 S. Fed Hwy
#825
Dania FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 Dania Florida
Suite, Apt. #, etc. #825

26 801 S. Federal Hwy
Suite, Apt. #, etc. #825

4. FEI Number

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

23 Dania Florida

27 Dania FL

24 33004 25 U.S.A.

29 33004 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

JASON Rolfe

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

801 S FEDERAL HWY #825

83

84 City

DANIA FL

FL

85 Zip Code 33004

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(3), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I, the undersigned, being authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(5), Florida Statutes.

SIGNATURE

[Signature]

(If not Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

2. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

3. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

4. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

5. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

500002638995

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***150.00

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. I am an officer or director of the corporation or the receiver or trustee of the corporation and I 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 this filing.

SIGNATURE:

[Signature]

JASON Rolfe

6/24/98 (954) 921-7167

CR2E034 (10/97)

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To Whom it may Concern:

Please excuse the late-ness of my Rememb. of my Cooperation, I never received the first document, that's why I had called and requested another

Sincerely: Jason R. Ch