

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

FILED
May 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
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DOCUMENT # P97000022922 (3)

1. Corporation Name

~~NUTRITIONAL SOLUTIONS INC.~~
LIFEWORKS WELLNESS CENTER, INC.

Principal Place of Business

Mailing Address

131 N GARDEN AVE
CLEARWATER FL 34615

131 N GARDEN AVE
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1997

4. FEI Number

59-3435238

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

21 129 GARDEN AVE, N

Suite, Apt. #, etc.

22

City & State

23 CLEARWATER, FL

Zip

24 33755

Country

25 USA

2a. Mailing Address

26 129 GARDEN AVE, N

Suite, Apt. #, etc.

27

City & State

28 CLEARWATER, FL

Zip

29 33755

Country

30 USA

9. Name and Address of Current Registered Agent

LAKEL, FRANCIS R
715 SWANN AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

KATHLEEN E. LETTAU

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

40 PERFECTLY BALANCED BOOKS

83

133 GARDEN AVE, N.

84 City

CLEARWATER FL

85 Zip Code

33755

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

Kathleen E. Lettau

4-30-98

Signature, typed or printed name of registered agent and fee payable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

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☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D
MINKOFF DAVID
404 EDGEWOOD AVE
CLEARWATER, FL. 33755

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D
MINKOFF SUE
404 EDGEWOOD AVE
CLEARWATER, FL. 33755

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D
MINKOFF, URI
404 EDGEWOOD AVE
CLEARWATER, FL. 33755

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

800002538498
-05/28/98--01021--032
***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; 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:

CR2E034 (10/97)