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**PROFIT CORPORATION** ANNUAL REPORT



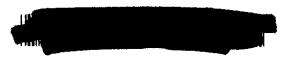
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

## 1998 DIVISION OF CORPORATIONS P97000022922 (3) -NUTRITIONAL SOLUTIONS INC.

**FILED** May 27 1998 8:00am Secretary of State



| NAME STREET ADDRESS CITY-ST-ZIP  DELETE  1.3 STREET ADDRESS CITY-ST-ZIP  DELETE  1.4 CITY-ST-ZIP  CIT OR WAS FELL. 339.55  TITLE  MAME  2.2 NAME  2.2 NAME  MINKOFF SUB  CIT OR WAS FELL. 339.55  MINKOFF SUB  CITY-ST-ZIP  DELETE  2.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.3 STREET ADDRESS CITY-ST-ZIP  DELETE  3.4 CITY-ST-ZIP  DELETE  4.1 TITLE  MAME  4.2 NAME  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS CITY-ST-ZIP  TITLE  MAME  4.1 TITLE  MAME  4.2 NAME  4.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  4.4 CITY-ST-ZIP  TITLE  MAME  5.2 NAME  5.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  5.4 CITY-ST-ZIP  TITLE  MAME  5.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  5.4 CITY-ST-ZIP  TITLE  MAME  5.5 NAME  5.5 STREET ADDRESS CITY-ST-ZIP  TITLE  MAME  5.6 CITY-ST-ZIP  TITLE  MAME  5.7 NAME  5.8 NAME  5.8 STREET ADDRESS CITY-ST-ZIP  TITLE  MAME  5.9 NAME  5.9 N   | LIF            | 5 WORK                        | 5 WELLA                          | UESS CE                               | MER,             | FNC.              | -                          |  |  |                          |  |
|--|----------------|-------------------------------|----------------------------------|---------------------------------------|------------------|-------------------|----------------------------|--|--|--------------------------|--|
| CLEARWATER FL 34615   CLEARWATER FL A4615  | Principal Plac | e of Business                 | <del></del>                      | Mailing Address                       | ·                |                   |                            | -mali  |  |                          |  |
| CLEARWATER FL 34615   CLEARWATER FL A4615  |                |                               |                                  |                                       |                  |                   |                            |  |  |                          |  |
| 3. Date Incorporated or Qualified  3. Date Incorporated or Qualified  3. Oath Incorporated   |                |                               |                                  |                                       |                  |                   |                            |  |  |                          |  |
| 2. Principal Place of Rusiness 21  |                |                               |                                  |                                       |                  |                   |                            |  |  |                          |  |
| 2. Principal Place of Descriptor  2. April (no. 1)  3. April (no. 1)  4. Fit invalor (no. 1)  4. April (no. 1)  4. Fit invalor (no. 1)  4. Fit invalor (no. 1)  4. April (no. 1)  4. Fit invalor (no. 1)  4. April (no. 1)  4. Fit invalor (no. 1)  5. April (no.  |                |                               |                                  |                                       |                  |                   |                            |  |  |                          |  |
| 21 2 9 CAR DEN INCE, NO Application Solids, April 4, etc.  22 Supplication of Status Desired   \$8.75 Additional Status Desired   \$8.75 Additio | 9 Principal F  | Place of Flueinoss            |                                  | Do Martino Addro                      | 00               | <del></del>       |                            |  | <del></del>                                  |                          |  |
| Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.  |                |                               | - JAJE nl                        | a. ~ ~ ~                              |                  | A. r              | 4 1                        |  | <del> </del>                                 | <del>`</del>             |  |
| 22 City & Sjallo 23 Construct File City & Sjallo 24 City & Sjallo 25 Country 26 Country 27 Country 27 Country 28 Country 29 Country 20 Country 29 Country 20 Country  |                | #. etc.                       | 100,10                           |                                       |                  | 1106,1            |                            |  | ·  |                          |  |
| City & State 28  | 22             |                               |                                  | · ·                                   |                  |                   |                            | 5. Certificate of Status Desired               |  |                          |  |
| 28   |                | te                            | <u> </u>                         | · · · · · · · · · · · · · · · · · · · |                  |                   |                            | 6. Election Campaign Financing                 | \$5.00                                       | May Ro                   |  |
| Country   Coun   | 23 C/E         | DRUD                          | 1292/                            | 28 CIEA                               | RWOT             | BRFL              | . •                        | Trust Fund Contribution                        |  |                          |  |
| LAKEL FRANCIS R 715 SWANN AVE TAMPA FL 33606  10 Street Address PIO Box Number is Injuly Accordable.  11 Pursuant to the provision's of Sections 607 0602 and 607 1508. Florida Seatures, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam Bayder with appointment as registered agent. Lam Bayder with appointment and supplies the collegation of registered agent. Lam Bayder with appointment and supplies the collegation of registered agent. Lam Bayder with appointment and supplies the collegation of registered agent. Lam Bayder with appointment and supplies the collegation of registered agent. Lam Bayder with appointment agent and the provision's board of directors. I hereby accept the appointment as registered agent. Lam Bayder with appointment agent agent. Lam Bayder with a proprietion and a supplies the corporation's board of directors. I hereby accept the appointment as registered agent. Lam Bayder with a proprietion and a supplies the corporation's board of directors. I hereby accept the appointment as registered agent. Lam Bayder with a proprietion and appointment agent agent agent. Lam Bayder with a proprietion and a supplies the corporation's board of directors. I hereby accept the appointment as registered agent. Lam Bayder with a proprietion and a supplies and applies an   | Zip            | را سور)                       | Country                          | 70                                    | Co               | untry             |                            | 8. This corporation owes or has paid the       | current year Inte                            | angible                  |  |
| LAKEL FRANCIS R 715 SWANN AVE TAMPA FL 33806  11. Pursuant to the processor of Sections 607 (609 and 607 1608. Transp. states, the above-named corporations submits this statement for the purpose of changing its register of office or registery of choice. The beginning of the corporations to the purpose of changing its register of agent. I am flaghed with applications of such changing its register of specific or the corporations to an original statement for the purpose of changing its register of agent. I am flaghed with applications of specific office or registery of choice. Therefore, several third college as a specific office or specific or office or registery of choice or regist   | 24 25'         | 25 25                         | UDA                              |                                       | 5 30             | USB               |                            |  |  | ] No                     |  |
| TAMPA FL 33806    B2   Street Address IAO, Box Number is Not Acceptable)   Delete  |                |                               |                                  | Registered Agent                      | ·                | D4 Nome           |                            | O. Name and Address of New Register            | ed Agent                                     | ·                        |  |
| TAMPA FL 33606  83 3 3 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |                |                               |                                  |                                       |                  | Name              | KAI                        | HLEEN E LE                                     | HOW  |                          |  |
| 11. Pursuant to the provisors of Socioins (07/56/2) and (07/16/2) funds statuted statutes.  11. Pursuant to the provisors of Socioins (07/56/2) and (07/16/2) funds statutes. The statute of the control office or registered and in control of the control of the control office or registered and in control of the control of  |                |                               |                                  |                                       |                  | 82 Street         | t Address                  | O. Box Number is Not Acceptable)               |  | RU                       |  |
| 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.09. Fiorida Statutes, the other provisions of the company of the company was authorized by the corporation submits this statement for the purpose of changing its registered office or registered with a company of the company was authorized by the corporation is board of directors. Indirectors, Indirectors   | IAI            | MPA FL 33606                  |                                  |                                       |                  | 92 0              | 10                         | PERFECTLY DOL                                  | -ONCESS                                      | DOCS                     |  |
| 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.09, fixerida Statutes, the above-narried corporation submits this statement for the purpose of changing its registerer agent 1 am fagurer with appointment as registered agent 1 am fagurer with appointment as registered Section 505-510 da Statutos  SIGNATURE    SIGNATURE   DATE   DATE   DATE   DATE   |                |                               |                                  |                                       |                  | "                 | 133                        | GORDEN AVI                                     | ヨルル  | •                        |  |
| 11. Pursuant to the provision of Sections 607 5090 and 607 1509. Foodia Shatutes, the above-named corporation submits this statement for the purpose of changing list registers office or registed and cooking the collegation of Sections (100 days was supported by the corporation's board of directors. I hereby accept the appointment as registered agent. I am farther with acceptance of the collegations of Sections (100 days was supported by the corporation's board of directors. I hereby accept the appointment as registered agent and statutes.    12.  | •              |                               |                                  |                                       |                  | 84 City           | 1/12                       | A A COLOR                                      | 85 Zin C                                     | Ode,                     |  |
| SIGNATURE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   17.   | 44 Pureuant    | to the provisions of          | 1 Sections 607 0603 :            | and 007 1609 Code                     | Clatifor the     |                   | <u>اح کر</u>               | orustes 1                                      | ' <b>L</b>   5                               | 3255                     |  |
| SIGNATURE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   17.   | office or r    | registe ed agent, o           | r both, in the State of          | Florida Such chap                     | was authorize    | ed by the co      | rporation's                | s board of directors. I hereby accept the      | appointment as i                             | registered<br>registered |  |
| Title  |                | ım tarnıkar with acı          | a great the obligation           | Section 677.0                         | 505 Horida Sia   | itutes.           |                            | 11.  | > . 98                                       |                          |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  1.1 TITLE  NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  DELETE  1.1 TITLE   | SIGNATURE      | Sunature, typed or penti      | ed name; of regists not are at 8 | and to e if any locable               | (NOIE Begister   | ed Agent signatur | re required w              | DAT (minstating)                               | 20-10  |                          |  |
| TITLE  MAME  12 NAME  12 NAME  13 STREET ADDRESS  CITY-ST-ZIP  DELETE  14 CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  DELETE  11 TITLE  DELETE  12 NAME  13 STREET ADDRESS  CITY-ST-ZIP  DELETE  22 NAME  MINKOFF DAVID  COMPANDATE   | 12.            | <del>/</del>                  | OFFICERS AND D                   | DIRECTORS                             |                  |                   |                            |  | AND DIRECTOR                                 | S IN 12                  |  |
| STREET ADDRESS CITY-ST-ZIP  DELETE  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  C/E OR WA TEX FL. 33')55  TITLE  DELETE  2.1 TITLE  DELETE  2.2 NAME  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  DELETE  3.1 TITLE  DELETE  3.4 CITY-ST-ZIP  DELETE  3.5 STREET ADDRESS  CITY-ST-ZIP  DELETE  DELETE  4.1 TITLE  DELETE  4.2 NAME  4.2 NAME  4.2 NAME  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  ADDRESS  CITY-ST-ZIP  DELETE  5.1 TITLE  DELETE  5.1 TITLE  DELETE  5.1 TITLE  DELETE  5.2 NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  5.4 CITY-ST-ZIP  TITLE  DELETE  5.5 STREET ADDRESS  CITY-ST-ZIP  DELETE  5.5 STREET ADDRESS  CITY-ST-ZIP  DELETE  5.5 STREET ADDRESS  SACITY-ST-ZIP  DELETE  5.5 STREET ADDRESS  5.5 STREET ADDRESS  5.5 STREET ADDRESS  5.5 STREET ADDRESS  5.5 CITY-ST-ZIP  DELETE   | TITLE          | _                             |                                  | DELI                                  | TE 1.1 1         | ITLE              | D                          |  |  | Addition                 |  |
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| NAME   22 NAME   23 STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP   C   E PR WD FET   37 \) 55   CTY-ST-ZIP   C   E PR WD FET   37 \) 55   CTY-ST-ZIP   C   E PR WD FET   37 \) 55   CTY-ST-ZIP   C   E PR WD FET   37 \) 55   CTY-ST-ZIP   C   E PR WD FET   E  | CITY-ST-ZIP    |                               |                                  |                                       |                  | JTY-ST-ZIP        | 61                         | EDRWATOR, FL.                                  | 33755  |                          |  |
| STREET ADDRESS   2.3 STREET ADDRESS   40 Y ED GEWOOD AVE   2.4 CHY-ST-ZIP   C   E AR WA FER   1. 33 755  | TITLE          |                               |                                  | L DELI                                | TE : 2.1 T       | ITLE              | D                          |  | ☐ Change                                     | Addition                 |  |
| DELETE   D   | NAME           |                               |                                  |                                       | 2.2 1            | IAME              | MIN                        | KOFF, SUB                                      |  | 1                        |  |
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| STREET ADDRESS   DELETE   S.1 TITLE   Change   Addition  | _              |                               |                                  |                                       |                  |                   | min                        | CONTRACTOR ALL                                 | سعد  |                          |  |
| DELETE   |                |                               |                                  |                                       |                  |                   | 40                         | TO DOE WOOD TO                                 | ~ <b>~</b> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | <u>-</u>                 |  |
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| City-St-ZiP  |                |                               |                                  |                                       | -                | '                 |                            |  |  |                          |  |
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| NAME   |                |                               |                                  | I DELE                                |                  |                   | <del> </del>               |  | Channe                                       | Addition                 |  |
| STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP  |                |                               |                                  |                                       |                  |                   |                            |  |  | 777                      |  |
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| THE DELETE CATTER  |                |                               |                                  |                                       |                  |                   |                            | //   |  |                          |  |
| Francis Control of the Control of th   |                |                               |                                  | DELE                                  |                  |                   | 1                          |  | Change                                       | Addition                 |  |
| NAME 62 NAME SULUZ34445  | [              |                               |                                  |                                       |                  |                   |                            | - <b>800000253</b> 84                          | řãa.   |                          |  |
| -U5/28/98U1021U32  |                |                               |                                  |                                       |                  |                   |                            | -05/28/9801021                                 | 032  |                          |  |
| CITY-ST-ZIP *** 15[]. [][]   | CITY-ST-ZIP    |                               | , ,                              |                                       | 640              | ITY-SI-7IP        | ]                          |  |  |                          |  |
| 14. Thereby certify that the information susplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual report is true and accurate and that fly signature shall have the same legal effect as if made under oath; that I am an   | 14. I hereby c | erti <b>fy</b> that the infor | mation supplied with             | this filing does not <b>q</b>         | elily for the ex | emption/state     | ed in Sec                  | tion 119.07(3)(i), Florida Statutes. I further | r certify that the i                         | nformation               |  |

Chapter 607, Florida Statutes; and that my name appears in