

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000059857

1. Corporation Name
RAGE NUTRITION, INC.

Principal Place of Business
940 DOUGLAS AVENUE
#116
ALTAMONTE SPRINGS FL 32714

Mailing Address
940 DOUGLAS AVENUE
#116
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
21 1103 Palmer St
Suite, Apt. #, etc.
22 City & State
23 Orlando FL
24 Zip
32801
25 Country
USA

2a. Mailing Address
26 1103 Palmer St
Suite, Apt. #, etc.
27 City & State
28 Orlando FL
29 Zip
32801
30 Country
USA

9. Name and Address of Current Registered Agent
SPERO, JEFFREY B
940 DOUGLAS AVENUE
#116
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/09/1997

4. FEI Number
59-3515659

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 the current year Intangible Personal Property. ☐ Yes ☒ No

10. Name and Address of New Registered Agent
81 Name
Joseph M. Sharpe
82 Street Address (P.O. Box Number is Not Acceptable)
1103 Palmer St
83
84 City
Orlando
85 Zip Code
FL 32801

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: Joseph M. Sharpe
DATE: 9/13/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	SPERO, JEFFREY B	940 DOUGLAS AVENUE #116	ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/>
VP	SHARPE, JOSEPH	940 DOUGLAS AVENUE #116	ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
P	Joseph M. Sharpe	1103 Palmer St	Orlando FL 32801	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VP	Brian M. Koonts	1103 Palmer St	Orlando FL 32801	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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*****550.00 *****550.00

9/9/25

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: Joseph M. Sharpe
DATE: 9/13/99
Daytime Phone #: 407-438-2929