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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700093544

NUTRA-FIT NOW, INC.

1999

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90059 042 \*\*\*150.00



Principal Place of Business Mailing Address							,	,	
6602 S.W. 10TH COURT 6602 S.W. 10TH COURT									
NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33						DO NOT WRIT	E IN THIS	SDACE	•
						3. Date Incorporated or Qualifed	,	SPACE	
						10/30/1997			·
2. Principal F	Place of Business	2a, Mailing Address				4 FEI Number		. Ap	plied For
21		26				65-0793009		<u> </u>	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75	
22						5. Certifcate of Status Desired	<b>□</b> .	Fee Re	
City & State City & State						6. Election Campaign Financing	·	\$5.00	May Re
23 28						Trust Fund Contribution	Ļ	Added t	
Zip · Country Zip			Cou	Country		g. This corporation owes the curre	nt year Int	angible	•
24	. 25	29	30			Personal Property Tax.	•	☐ Yes	<b>⊠</b> (No
1	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered	Agent	,
				81	Name	•			
FRYE, SHARON M 6602 S.W. 10TH COURT				82	Street Adv	dress (P.O. Box Number is Not Accepta	nle\		
					Olloct Au	oress (1.0. box reamber is not necepte		t V	2 451 1 2 2
NORTH LAUDERDALE FL 33068				83		125-125-125-125-125-125-125-125-125-125-	* 1	1 14	7 (4)
				-	0.1		(17)	leel e	3 //2 / 2
				84	City		FL	85 Zip 0	,ode
office or i	to the provisions of Sections 607.050, registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change was	authorized	d by	the corporat	rporation submits this statement for the tion's board of directors. I hereby accept	ourpose of the appoi	changing its ntment as re	registered gistered
SIGNATURE									<u>·</u>
	Signature, typed or printed name of registered agen			Agen	t signature requi	ired when reinstating)	DATE		
12.		ID DIRECTORS	13.		г	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO Change	RS IN 12
TITLE	P CHARON M		1.1 Ti					L.J Change	
NAME	FRYE, SHARON M			AME					,
STREET ADDRESS					ADDRESS	•			'
CITY-ST-ZIP	N LAUDERDALE FL 33068	☐ DELETE		ITY-\$1	r-zip			Change	Addition
TITLE	ST ST		2.1 T			•		☐ Change	[] Addition
NAME	FRYE, BEN		2.2 N						
STREET ADDRESS	6602 S W 10TH COURT		2.3 \$	TREET	ADDRESS	·			
CITY-ST-ZIP	NORTH LAUDERDALE FL 3306	<u> </u>	_	S-YTK	T-ZIP	·			T Addition
TITLE '		☐ DELETÉ	3.1 ∏					Change	☐ Addition
NAME			3.2 N	AME		•			
STREET ADDRESS	İ		3.3 S	TREET	ADDRESS				1 4 / /-
CITY-ST-ZIP			_	XTY-S	T-ZIP				
TITLE .			4.1 TI	TLE	İ			☐ Change	Addition
NAME 7,		☐ DELETE			<b>I</b>				l
STREET ADDRESS		☐ DELETE	4. 2 N	IAME				•	
CITY-ST-ZIP		☐ DELETE			ADDRESS			•	
		-	4.3 S 4.4 C	TREET					
TITLE		☐ DELETE	4.3 S 4.4 C 5.1 TI	TREET ITY-ST				Change	Addition
NAME		-	4.3 S 4.4 C 5.1 TI 5.2 N	TREET ITY-ST ITLE AME	r-zip		•	Change	- Addition
		-	4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	TREET TLE AME TREET	-ZIP ADDRESS			Change	. Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.3 \$ 4.4 C 5.1 TI 5.2 N 5.3 \$ 5.4 CI	TREET TLE AME TREET	-ZIP ADDRESS				
NAME STREET ADDRESS		-	4.3 S 4.4 C 5.1 TI 5.2 N. 5.3 S' 5.4 CI 6.1 TI	TREET TLE AME TREET TTY-ST	-ZIP ADDRESS			☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 CI 6.1 TI 6.2 N	TREET TLE AME TREET TTY-ST TLE AME	-ZIP ADDRESS		,		

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: