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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000053760

1. Corporation Name
TRIUMPH NUTRITION, INC.

Principal Place of Business
2401 PGA BLVD. SUITE 280-F
PALM BEACH GARDENS FL 33410

Mailing Address
2401 PGA BLVD. SUITE 280-F
PALM BEACH GARDENS FL 33410

FILED

99 NOV 30 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

99

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

190

Suite, Apt. #, etc.

190

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLEY RD
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

C. Woodlyrd, as agent

11-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME Fong, Henry
STREET ADDRESS 2401 PGA BOULEVARD, Suite 280F
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE ST
NAME Hollander, Barry
STREET ADDRESS 1221-B South Batesville Road
CITY-ST-ZIP Greer, SC 29650

TITLE AS
NAME Lebaron, C.F. JR.
STREET ADDRESS 150 N. Michigan Avenue, Suite 2500
CITY-ST-ZIP Chicago, IL 60601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
800003065318--4
-12/09/99--01053--004
***750.00

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

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:

[Signature]

10/12/99

561624-0PP5

Date

Daytime Phone

032157

CR2E034 (1/1/98)