PROFIT
CORPORATION
ANNUAL REPORT
1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90110 038 \*\*\*150.00

,	UMENT # P98000 FUTE OF NUTRITION, INC	0056703			)		
Dringingt P	lace of Business	Mailing Address		- 1905:1001 IKM (BEIDY IDII) DOVA BOLKI BORIL DOVI	EL BINIO EXITA INEXI	COLOR AND VERIO	
1		1602 ALTON ROAD		•			
1602 ALTON SUITE 622	I HOAD	SUITE 622					
* *	CH FL 33139	MIAMI BEACH FL 33139		DO NOT WRITE IN THI	S SPACE		
	:			3. Date Incorporated or Qualifed			
<b></b>		1 5 A A S S C - A S A S A S		06/25/1998 4. FEI Number	- I An	plied For	
	I Place of Business	2a. Mailing Address		65-0946506		t Applicable	
21 Suite A	pt, #, etc.	Suite, Apt. #, etc.		100000	\$8.75 A		
22		27	•	5 Certificate of Status Desired . :- 🔲 .	Fee Re	quired	•
City & S		City & State		6. Election Campaign Financing	\$5.00		
23	- · · · - <u>- </u>	28		Trust Fund Contribution	Added t	o Fees	-
Zip	Country	Zip	Country	8. This corporation owes the current year le		_No .	
24	25		30	Personal Property Tax.  10. Name and Address of New Registered			
	9. Name and Address of Curren	t Registered Agent	81 Name	in. Matthe auto Audress of Man Kedisterer	2 VACUL		
Δ.	MERILAWYER		i I		<u> </u>		
1.0	43 ALMERIA AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	, (	}	
_	ORAL GABLES FL 33134		83		- <del> </del>		
		•				<del></del>	
			84 City	· Fi	85 Zip C	. 1	
		0 1 007 4000 Ft Ot-1	a the chaire armed and	maration cubmile this statement for the number of	of changing its	registered	
11. Pursua office o agent. SIGNATUR	2F -			rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint when reinstation).	pintment as rec	gistered	=
SIGNATUR	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	ss, the above-named control to the corporal tide Statutes.  Registered Agent signature required 13.				(98)
	RE Signature, typed or printed name of registered age OFFICERS AN		Registered Agent signature requi	red when reinstating) DATE			(11/98)
SIGNATUF	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent signature reque	red when reinstating) DATE	NO DIRECTO	RS IN 12	34 (11/98)
SIGNATUE	Signature, typed or printed name of registered ager OFFICERS AN PD BITBOL, JULES G	nt and title if applicable. (NOTE:	Registered Agent signature required 13.	red when reinstating) DATE	NO DIRECTO	RS IN 12	2E034 (11/98)
SIGNATUR 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD BITBOL, JULES G	ni and title if applicable. (NOTE 4D DIRECTORS	Registered Agent signature requirements 13.  1.1 TITLE  1.2 NAME	red when reinstating) DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATUR 12. TITLE NAME STREET ADDRE	Signature, typed or printed name of registered ager OFFICERS AN PD BITBOL, JULES G 1602. ALTON ROAD	nt and title if applicable. (NOTE:	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-\$T-ZP 2.1 TITLE	red when reinstating) DATE	NO DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATUF 12. TITLE NAME STREET ADDRE CITY-ST-ZP	Signature, typed or printed name of registered ager OFFICERS AN PD BITBOL, JULES G 1602. ALTON ROAD MIAMI BEACH FL 33139 VSTD BITBOL, KATHARINE N	ni and title if applicable. (NOTE 4D DIRECTORS	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstating) DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
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14. Hereby certify that the information supplied with this filling 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-oppowered 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 address, with all other like empowered.

SIGNATURE:

4/22/99 3055 Date Prome From 8

305-534 520