

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

**FILED**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90003 024 \*\*\*150.00

**DOCUMENT # P98000096257**

1. Corporation Name

**BOSTON NUTRICEUTICALS, INC.**



Principal Place of Business

265 SUNRISE AVENUE  
SUITE 204  
PALM BEACH FL 33480

Mailing Address

265 SUNRISE AVENUE  
SUITE 204  
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/11/1998

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

2. Principal Place of Business

21 277 Royal Poinciana Way

22 Suite, Apt. #, etc.  
PMB 119

23 City & State  
Palm Beach, FL

24 Zip  
33480

25 Country  
USA

2a. Mailing Address

26 277 Royal Poinciana Way

27 Suite, Apt. #, etc.  
PMB 119

28 City & State  
Palm Beach, FL

29 Zip  
33480

30 Country  
USA

9. Name and Address of Current Registered Agent

MINTMIRE, DONALD F  
265 SUNRISE AVENUE  
SUITE 204  
PALM BEACH FL 33480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
P/S/T/C  
Donald F. Mintmire  
265 Sunrise Avenue, Suite 204  
Palm Beach, FL 33480

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Donald F. Mintmire*

7/26/99 (561)831-5696

CR2E034 (5/99)

**MINTMIRE & ASSOCIATES**  
ATTORNEYS AT LAW

601301-90003-24  
P98000096257

265 SUNRISE AVENUE  
SUITE 204  
PALM BEACH, FLORIDA 33480  
TEL: (561) 832-5696  
FAX: (561) 659-5371

July 26, 1999

Florida Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Boston Nutraceuticals, Inc.

To Whom It My Concern:

Enclosed please find the 1999 Profit Corporation Annual Report for Boston Nutraceuticals, Inc. The initial notice by your office was not received by the company due to a change of mailing address. The Company therefore requests waiver of the \$400.00 late fee by your office. In that regard, enclosed please also find a check made payable to Department of State in the amount of \$150.00. Should you have questions regarding the enclosed materials, please do no hesitate to contact our office.

Very truly,



Mintmire & Associates

BFR/cv  
Encls.