Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90065 012 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000097543

1. Corporation Name

CITY-ST-ZIP

NUTRACEUTICAL SCIENCES, INC.

Principal Place	e of Business	Matting Address								
3801 ENVIRON	BOULEVARD	3801 ENVIRON BOULEVARD	3801 ENVIRON BOULEVARD							
NO 318		NO 318			DO NOT WRITE IN THIS SPACE					
LAUDERHILL FL	33319	LAUDERHILL FL 33319	LAUDERHILL FL 33319			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						11/16/1998			.	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		<u> </u>		lied For
21		26						-	1	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		-	/ 5 Ad ee Red	dditional	
22		27								
City & State		City & State	City & State			6. Election Campaign Financing	П			Лау Ве
23		28				Trust Fund Contribution			ded to	Fees
Zip				intry		8. This corporation owes the curre	ent year Inta		,	
24	25 29 30			,		Personal Property Tax.		Yes	ز :	2 (10
	9. Name and Address of Curre	ent Registered Agent		81		10. Name and Address of New R	egistered A	gent		
					Name	_				
	SBY, KEVIN P ESQ	_	82 Street A			Address (P.O. Box Number is Not Acceptal	ble)			
	EAST BROWARD BOULEVARD)				·	-			
	E 1609			83						
FT. L	AUDERDALE FL 33301			84	C:L.			85	Zip C	ode
				84	City		FL	03	Zip O	Juc
11 Pursuant i	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the a	bove-	named o	corporation submits this statement for the pration's board of directors. I hereby accept	ourpose of o	hangir	ng its r	egistered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was au	thorized	d by th	не согро	ration's board of directors. I hereby accept	t the appoin	tment	as reg	stered
agent. i ai	т таттиаг with, and ассерт те овщ	gations of, Section 607.0303, Flor	ida Otali	utos.						
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered	Agent :	signature re	equired when reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	DIRE	CTOF	RS IN 12
TITLE	D	☐ DELETE	1.1 Ti	TLE				☐ ¢h	ange	☐ Addition
NAME	COHN, LEONARD M		1.2 N	AME						
STREET ADDRESS 3801 ENVIRON BOULEVARD, N		NO 218	1.3 STREET		ADDRESS	•				
	LAUDERHILL FL 33319	NO 010								
CITY-ST-ZIP TITLE			_	1.4 CITY-ST-ZIP 2.1 TITLE				Ch	ange	☐ Addition
			2.2 N						-	
NAME										
STREET ADDRESS					ADDRESS	•				
CITY-ST-ZIP				2.4 CITY-ST-ZIP 3.1 TITLE				Ch	ange	Addition
TITLE		☐ DELETE						□ ¢	ai igo	
NAME			3.2 NA							
STREET ADDRESS	İ		3.3 \$1	TREET	ADDRESS					
CITY-ST-ZIP				ITY-ST	-ZIP			L-3 V·		
TITLE	· 	☐ DELETE	4.1 TI		l			Ch	ange	☐ Addition
NAME			4. 2 N	IAME						
STREET ADDRESS			4.3 S1	TREET	ADDRESS					
CITY-ST-ZIP		. <u> </u>	4.4 CI	TY-ST-	ZIP					
TITLE		☐ DELETE	5.1 TI		T			Ch	ange	☐ Addition
NAME			5.2 N	AME						
STREET ADDRESS			5.3 S	TREET	ADDRESS					
CITY-ST-ZIP			5.4 CI	ITY-ST-	-ZIP					
TITLE		☐ DELETÉ	6.1 TI	TLE				Ch	ange	☐ Addition
NAME .			6.2 N	AME						
			6.3 S	TREET	ADDRESS					
STREET ADDRESS	ļ									

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, with all other like empowered. SIGNATURE: