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

CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # S15357 1. Corporation Name NUTRA-TECH ASSOCIATES, INC.  (4)							
Principal Piace of Business 1741 CORAL GARDENS DR. FT. LAUDERDALE FL 33334			Mailing Address 1741 CORAL GARDENS OR. FT. LAUDERDALE FL 333344371			· · · · · · · · · · · · · · · · · · ·	- I LEBRIDIE LOI IIIDEL BIRDE IREU GRAA LEBY BRAN DEUIT BIEIT BAUTI DIERE EIDAT HOUI L
							3. Date Incorporated or Qualified 11/29/1990 3a. Date of Last Report 07/16/1996
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For Not Applied by Applied Applied For Not Applied By A
Suite Apt. #. etc.			Suite, Apt. #, etc.			·	5 Certificate of Status Desired S8.75 Additional
City & State			27 City & State				Fee Required
23	C:		28				8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip		Country	Zip	Cou	intry		8. This corporation has liability for intangible tax under s. 199 032,
24	9. Name e	5 nd Address of Current	29 Registered Agent	30	· ·····	<del></del>	Florida Statutes Yes No  10. Name and Address of New Registered Agent
FUZY, CHRISTOPHER						Name	
1741 CORAL GARDENS DR.					82	Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE 101 Ft. Lauderdale Fl 33334				ļ	83	·	The state of the s
11,	LAUDERDAD	C 1 C 33334				0:5	Total 71- Aut
						City	FL 85 Zip Code
11. Pursuant to office or reagent. La	to the provision egistered ager im familiar with	ns of Sections 607.0502 nt, or both, in the State of , and accept the obligat	and 607.1508, Florida Statu If Florida, Such change was ions of, Section 607.0505, F	ites, the at authorized Iorida Stat	d by t tutes.	named corp he corporati	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Storealme, turned or	printed name of registered agon	and title if applicable (NC	TF: Registere	d Agent	signature require	ed when reinstating) DATE
12.		OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVT	RISTOPHER	L DELETE	1,1 T(			Change Addition
NAME STREET ADDRESS		AL GARDENS DRIVE		1.2 N/		DDRESS	
City - S1 - ZiF	FT LAUDE			•	TY-ST-	· · · · · · · · · · · · · · · · · · ·	
TITLE			☐ DELETE	2.1 TI	TLE		Change Addition
NAME				2.2 NAME 2.3 STREET ADDRESS			
STHEET ADDRESS CITY-ST-ZIP					IREET AI ITY-ST		
11/11			☐ DELETE	3.1 16			Change Addition
NAME				3.2 N/	AME		
STREET ADDRESS				- II		DDRESS	
DITE ST-ZIP			DELETE	3 4. C	ITY-ST TLE	- ZIP	Change Addition
NAME				4.2 N			
STREET ADDRESS				4.3 \$7	IREET A	DORESS	
C(1 Y - S1 - 7)P			DELETE		TY-ST-	ZIP	Change Addition
NAME	}		[""] DETEIF	5.1 Ti 5.2 N			Change Addition
STREET ACORESS						DORESS	
COY-S1-ZIP				1	TY-ST-		
TITLE			DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME				6.2 N			
STREET ADORESS				. A .		DDRESS	
14. I do heret	by certify that t	he information supplied	with this filing does not one	life for the	exem	ention stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio Lam an o appears i	in indicated on fficer or direct in Block 12 or I	this annual report or su or of the coranization of Block 13, changed, or	pplemental annual report is the receiver or trusted empo on an attachment with an ac	true and a wered to a ddress.	eccur	ate and that te this repor	my signature shall have the same legal effect as if made under oath; that as required by Chapter 607, Florida Statutes; and that my name