

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 27 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **S23656** (9)  
1. Corporation Name  
**ASSOCIATES IN NUTRITION, P.A.**

Principal Place of Business Mailing Address  
**THE PRADO CENTER** **THE PRADO CENTER**  
**6231 NORTH FEDERAL HIGHWAY** **6231 NORTH FEDERAL HIGHWAY**  
**FT. LAUDERDALE FL 33308** **FT. LAUDERDALE FL 33308**

3. Date Incorporated or Qualified **12/20/1990** 3a. Date of Last Report **06/02/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **65-0231728** Applied For  
21 26 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 27 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 28 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24 25 29 30 Country Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**WOLF, BARBARA L.** 81 Name  
**2425 E COMMERCIAL BLVD.** 82 Street Address (P.O. Box Number is Not Acceptable)  
**S-307** 83  
**FT. LAUDERDALE FL 33308** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STREBER, BARBARA K.</b>	1.2 NAME	
STREET ADDRESS	<b>4701 N FED HWY A34</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STREBER, JOHN H.</b>	2.2 NAME	
STREET ADDRESS	<b>4701 N FED HWY A34</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Barbara K. Streber* 4/24/95 (305) 493-7471  
Barbara K. Streber Date: 4/24/95