

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S31868** (0)

1. Corporation Name

**VITRUM NUTRITIONALS, INC.**



Principal Place of Business

**1137 SAWGRASS CORPORATE PKWY  
SUNRISE FL 33323**

Mailing Address

**1137 SAWGRASS CORPORATE PKWY  
SUNRISE FL 33323**

3. Date Incorporated or Qualified  
**02/14/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **4030-C SHERIDAN ST**

2a. Mailing Address

26 **4030-C SHERIDAN ST**

4. FEI Number  
**65-0245270**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23 **HOLLYWOOD FL**

City & State

28 **HOLLYWOOD FL**

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

Zip **33021**

Country **BROWARD**

Zip **33021**

Country **BROWARD**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LONDON, MARK S.  
4030-C SHERIDAN STREET  
HOLLYWOOD, FL 33021**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD ZEESMAN, BERTHE**  
STREET ADDRESS **9513 SEA TURTLE DR.**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME **VD STROCK, BARTON**  
STREET ADDRESS **1606 NEWPORT LN**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **SD LONDON, MARK**  
STREET ADDRESS **4030-C SHERIDAN ST.**  
CITY-ST-ZIP **HOLLYWOOD FL**

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 **9361 N. NEW RIVER CANAL RD**  
1.4 CITY-ST-ZIP **PLANTATION FL 33324**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **33326**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **33021**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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, changed, or on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARTON S. STROCK VP**

**2/23/96**

**954-894-0143**

CR2E034 (12/95)