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 # **S82888** **(6)**

1. Corporation Name

LAKES NUTRITION, INC.

Principal Place of Business

8625 NW 186TH ST.
8625 NORTHWEST 186TH STREET
MIAMI FL 33015
US

Mailing Address

8625 NW 186TH
MIAMI FL 33015
US

3. Date Incorporated or Qualified: **09/24/1991**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **65-0286028** ☐ 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 has liability for intangible tax under s. 199.052, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

BIRNBAUM, MARC
11077 BISCAYNE BLVD.
SUITE 301
MIAMI FL 33161

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 607.1505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such changes were 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

OFFICERS AND DIRECTORS

12.

TITLE	D	☐ DELETE
NAME	WOECKNER, EDWARD J.	
STREET ADDRESS	19301 W OAKMONT DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

7. TITLE		☐ Change ☐ Addition
7. NAME		
7. STREET ADDRESS		
7. CITY-ST-ZIP		
8. TITLE		☐ Change ☐ Addition
8. NAME		
8. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		☐ Change ☐ Addition
9. NAME		
9. STREET ADDRESS		
9. CITY-ST-ZIP		
10. TITLE		☐ Change ☐ Addition
10. NAME		
10. STREET ADDRESS		
10. CITY-ST-ZIP		
11. TITLE		☐ Change ☐ Addition
11. NAME		
11. STREET ADDRESS		
11. CITY-ST-ZIP		
12. TITLE		☐ Change ☐ Addition
12. NAME		
12. STREET ADDRESS		
12. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 607.1622, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added.

SIGNATURE: E D Woeckner, President 4/16/96 305-389-1856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.J. WOECKNER

CR2E034 (12/95)