

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90027 028 ***550.00

DOCUMENT # P96000040071

1. Entity Name
VITAL PHARMACEUTICALS, INC.

Principal Place of Business Mailing Address
5414 STIRLING RD 5414 STIRLING RD
DAVIE FL 33314 DAVIE FL 33314
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1928 TIGERTAIL BLVD**
 Suite, Apt. #, etc. **BLDG. #12**
 City & State **DANIA FL**
 Zip **33004** Country

3. Mailing Address **1928 TIGERTAIL BLVD.**
 Suite, Apt. #, etc. **BLDG. #12**
 City & State **DANIA, FL**
 Zip **33004** Country

4. FEI Number **65-0668430** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
OWOC, JOHN H
6573 STIRLING ROAD
FT. LAUDERDALE FL 33314

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWOC, JOHN H 5414 STIRLING RD DAVIE FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS CHANGE AS ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUSAK, DARLENE 5414 STIRLING RD DAVIE FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DARLENE V. OWOC ADDRESS CHANGE AS ABOVE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harlene J. Owo* Date: 5/1/01 Daytime Phone #: (954) 924-9511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)