

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90081 011 \*\*\*150.00

DOCUMENT # 537422

1. Corporation Name  
VITA VIA, INC.

Principal Place of Business

130 SUNRISE  
APT 409 W  
PALM BEACH FL 33480  
US

Mailing Address

1156 15 ST NW  
329  
WASHINGTON DC 20005  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1977

4. FEI Number

52-1095768

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 3520 S. Ocean Blvd

Suite, Apt. #, etc.

22 1201 Linda

City & State

23 Palm Beach, FL 33480

Zip Country

3480 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

City & State

28

Zip Country

30

9. Name and Address of Current Registered Agent

DAVES, GAIL  
130 SUNRISE  
409 W  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

Gail Daves

82 Street Address (P.O. Box Number is Not Acceptable)

3520 S. Ocean Blvd., Apt 201 Linda

83

84 City

Palm Beach

85 Zip Code

FL 33480

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME REICH, ANNE S  
STREET ADDRESS 4200 MASSACHUSETTS AV  
CITY-ST-ZIP WASHINGTON DC 20016

TITLE SD ☐ DELETE

NAME BODZIN, STEPHEN A  
STREET ADDRESS 1156 15TH STREET, NW, SUITE 329  
CITY-ST-ZIP WASHINGTON DC 20005

TITLE PTD ☐ DELETE

NAME DILLON, LISA REICH  
STREET ADDRESS 4287 BRIGHTON WAY  
CITY-ST-ZIP KENNESAW GA 30144

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE  
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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

20 Alycia Way  
Alpharetta, GA 30004

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 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 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, with all other like empowered.

SIGNATURE:

*Stephen Bodzin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

202-785-8887

CR2E034 (1/98)