

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 MAY -1 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **585747** (9)

1. Corporation Name
VITABEST, INC.

Principal Place of Business Mailing Address
**% FEDCO. INC., 629 71ST ST.
P.O. BOX 414258
MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/31/1978** 3a. Date of Last Report **07/22/1994**

4. FEI Number **59-1880433** 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. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUSKIN, LLOYD L.
629 71ST ST
P.O. BOX 414258
MIAMI BEACH FL 33141**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ASD**
NAME **MULTACK, JOELLEN**
STREET ADDRESS **629 71ST ST**
CITY - ST - ZIP **MIAMI BEACH FL**

1 1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **PD**
NAME **MULTACK, WILLIAM E**
STREET ADDRESS **629 71ST ST**
CITY - ST - ZIP **MIAMI BEACH FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **VCD**
NAME **RUSKIN, LLOYD L**
STREET ADDRESS **629 71ST ST**
CITY - ST - ZIP **MIAMI BEACH FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **CDT**
NAME **DAVIDSON, JOSEPH H**
STREET ADDRESS **629 71ST ST**
CITY - ST - ZIP **MIAMI BEACH FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **ASD**
NAME **RUSKIN, CANDACE**
STREET ADDRESS **629 71ST ST**
CITY - ST - ZIP **MIAMI BEACH FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE **SD**
NAME **DAVIDSON, ISABEL**
STREET ADDRESS **629 71ST ST**
CITY - ST - ZIP **MIAMI BEACH FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(d), 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:

Lloyd L. Ruskin

LLOYD L. RUSKIN
SECRETARY OF STATE
AND GENERAL COUNSEL

4/15/95 865-4482