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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 830548 (4)

1. Corporation Name
ELAN VITAL, INC.

Principal Place of Business

C/O LINDA S. GROSS
P.O. BOX 6130
MALIBU CA 90264

Mailing Address

C/O LINDA S. GROSS
P.O. BOX 6130
MALIBU CA 90264-61303. Date Incorporated or Qualified
07/27/19733a. Date of Last Report
04/24/1996

4. FEI Number

23-7174539

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDA S. GROSS
20 ISLAND AVE., #1104
MIAMI BEACH FL 33139

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☐ DELETE
NAME THOMAS, KATHE
STREET ADDRESS 5321 DERRY AVE. STE G
CITY-ST-ZIP AGOURA HILLS CA1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Thomas, KathIE
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME THOMAS G. HAGAN
STREET ADDRESS 755 LAKEFIELD DRIVE, SUITE J
CITY-ST-ZIP WESTLAKE VILLAGE CA2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME GROSS, LINDA
STREET ADDRESS 20 ISLAND AVE STE 1104
CITY-ST-ZIP MIAMI BEACH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CARL B. HEBELER
STREET ADDRESS 914 THIRD STREET, #9
CITY-ST-ZIP SANTA MONICA CA4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathie Thomas REQUIRED

1/30/97 818-889-1360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)