CORPORATION ANNUAL REPORT			ORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  IVISION OF CORPORATIONS			FILED 99 MAR - 5 PH 12: 32
1999 DIVISION OF CORPORATIONS  DOCUMENT # F9500005078  VITAL-CYCLE, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business  P.O. BOX 15162  HOUSTON TX 77020  US  Mailing Address  P.O. BOX 15162  HOUSTON TX 77020  US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
2. Principal Place of Business 2a, Mailing Ac			Address			10/18/1995 4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.         Suite, Apt. #,           22         27           City & State         City & State						5. Certifcate of Status Desired [1] \$8.75 Additional Fee Required
Zip	Country	Zip Country				Trust Fund Contribution L. Added to Fees  8. This corporation owes the current year Intangible
24	25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax LIYes TNo  10. Name and Address of New Registered Agent
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations signature, typed or printed name of registered agent is	ons of, Section 607.0505, Florid	s, the abo thorized b da Statute	34 Ove-loy thes.	City	ration submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered.
12.		OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENDALL, RICHARD 1700 GAIN HOUSTON TX 77020	700 GAIN 135		E	DORESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE 211 221 221 235		21 TITLE 22 NAME 23 STRE	21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE 31' 321  DRESS 33:		31 TITLE 32 NAME 33 STRE	E E T Al	DORESS	[ ] Change
TITLE NAME STREET ADDRESS CITY-ST-BIP	DELETE 417 4 2 4 3 3		4 1 TITLE 4 2 NAM 4 3 STRE			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	DELETE 511 52N ADDRESS 53S		5 1 TITLE 5 2 NAME 5 3 STRE	TITLE		[ ] Change
CITY-ST-ZIP TITLE NAME	TTLE □ DELETE 611 62N		6 1 TITLE 6 2 NAME	ITLE		☐ Change ☐ Addition
STREET ADDRESS			63 STRE			$ \mathcal{O}\rangle$

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 approaccurate 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 trusted entropy for the execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, on on an attachment with an address, with all other like empowered.

PROFIT

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