

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G16242 (1)
 1. Corporation Name
VITALITY DISTRIBUTORS, INC.

Principal Place of Business Mailing Address
% DONALD N. SCARBOROUGH **% DONALD N. SCARBOROUGH**
1010 N.W. 51ST PLACE **1010 N.W. 51ST PLACE**
FT LAUDERDALE FL 33309 **FT LAUDERDALE FL 33309**

FILED
 1995 JUL 19 AM 10:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/06/1982	3a. Date of Last Report 05/01/1994
24		25		4. FEI Number 59-1355553	Applied For Not Applicable
26		27		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
28		29		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
30		31		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent SCARBOROUGH, DONALD N. 1010 N.W. 51ST PLACE FT LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SCARBOROUGH, DONALD N.	1.2 NAME	
STREET ADDRESS	1032 N.W. 30TH COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	WILTON MANOR FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BISHOP, ARTHUR J.	2.2 NAME	
STREET ADDRESS	2221 N.W. 70TH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	SCARBOROUGH, LUCILLE	3.2 NAME	
STREET ADDRESS	1032 N.W. 30TH COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	WILTON MANOR FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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: Donald N. Scarborough
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD N SCARBOROUGH

CR2E034 (3/95)