FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00

FILED Jan 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)K79364 VITALINK, INC. Mailing Address Principal Place of Business 9200 S.W. 71ST AVE 9200 S.W. 71ST AVE MIAMI FL 33156 MIAMI FL 33158 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/11/1989 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes or has paid the current year Intangible Country Zip Yes □ No 30 Personal Property Tax due June 30. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KLEIN, LINDA CAROL 9200 S.W. 71 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the ibove-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. Thereby accept the appointment as registered agent. I am familiar with pand a count no obligations of, Section 607 0505, Florida Statutes. C.X. FINDS CAROL KLEIN

armoni importance agent and tale of applicable (NOTE) Registed Agent signature required where reinstating) CR2E034 (10/97) 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 1.1 TLE DELETE Change Addition TITLE 1.2 VM8 KLEIN, LINDA CAROL NAME 1.3 SEET ADDRESS 9200 S.W. 71 AVENUE STREET ADDRESS 1.4 ₩-ST-ZIP MIAMI FL CITY-ST-ZIP DELETE 21 iF Change Addition TITLE 2.2 ME NAME 2 3BEET ADDRESS STREET ADDRESS CITY-S1-ZIP DELETE Change Addition TITLE NAME FET ADDRESS STREET ADDRESS Y - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME ET ADORESS STREET ADDRESS ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE NAME ET ADDRESS STREET ADDRESS ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE NAME 1 ADDRESS STREET ADDRESS 14. Thereby certify that the information supplied with this filing does not qualify for the hiption 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 that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execuis 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.

LINDA CAL KLEIN

SIGNATURE: