

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M64371 (1)

1. Corporation Name

VITAL-18 ENTERPRISES, INC.



Principal Place of Business

4437 HWY 218 W
P.O. BOX 1205
MIDDLEBURG FL 32068
US

Mailing Address

4437 HWY 218 W
P.O. BOX 1205
MIDDLEBURG FL 32050-1205
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

BROWN CLIFFORD R.
1984 REDBUG ALLEY
~~SUITE 800~~ *delete*
MIDDLEBURG FL 32068

3. Date Incorporated or Qualified

01/07/1988

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2865358

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. *delete - suite 800*

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 principal officer or director

Signature typed or printed name of registered agent and principal officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, CLIFFORD R.	
STREET ADDRESS	1984 REDBUG ALLEY	
CITY - ST - ZIP	MIDDLEBURG FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SHEA, SANDRA W	
STREET ADDRESS	1900 REDBUG ALLEY <i>8244 Lake Woodbourne</i>	
CITY - ST - ZIP	MIDDLEBURG FL <i>Jacksonville Dr W</i>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CRUSE, OSCAR B.	
STREET ADDRESS	2060 CORNELL ROAD <i>Cornell</i>	
CITY - ST - ZIP	MIDDLEBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	32068
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8244 Lake Woodbourne Dr W
2.4 CITY - ST - ZIP	Jacksonville 32217
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2060 Cornell Rd
3.4 CITY - ST - ZIP	32068
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

C.R. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 *904-282-4871*
DATE DAYTIME PHONE

CR2E034 (12/95)