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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000070129 (0)

1. Corporation Name
VITAL TECHNOLOGIES GROUP, INC.

Principal Place of Business

Mailing Address

2888 W LAKE MARY BLVD
SUITE 308
LAKE MARY FL 32746
US

2170 WEST S.R. 434
SUITE 308
LONGWOOD FL 32779-4980
US



3. Date Incorporated or Qualified

10/08/1993

3a. Date of Last Report

04/30/1996

4. FEI Number

59-3205071

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

2. Principal Place of Business

2a. Mailing Address

21 2888 W. Lake Mary Blvd

26 2888 W. Lake Mary Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lake Mary FL

28 Lake Mary FL

Zip

Zip

Country

Country

24 32746

25 USA

29 32746

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNAMARA, THOMAS P
101 EAST KENNEDY BLVD.
SUITE 4100
TAMPA FL 33602

81 Name

McNamara, Thomas P.

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

3909 Bay to Bay Boulevard

83

Suite 309

84

City TAMPA

FL

85

Zip Code 33629

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 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 D
NAME MCNAMARA, GREGORY
STREET ADDRESS 2234 PEACHLEAF COURT
CITY-ST-ZIP LONGWOOD FL

TITLE D
NAME BLACKBERG, ROBERT C. JR.
STREET ADDRESS 23305 SUNSET VIEW
CITY-ST-ZIP SORRENTO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3170 TALA LOOP
1.4 CITY-ST-ZIP Longwood FL 32779

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/22/97

407-324-8557

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