

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 12 PM 2:12

DOCUMENT # P94000038764 (4)

1. Corporation Name

VITAMART, INC.

Principal Place of Business

**11796 NORTHWEST 1 STREET
CORAL SPRINGS FL 33071**

Mailing Address

**11796 NORTHWEST 1 STREET
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1994

3a. Date of Last Report

2. Principal Place of Business

21 774 Riverside Drive

Suite, Apt. #, etc.

22

City & State

23 Coral Springs Florida

Zip

24 33071

Country

25 USA

2a. Mailing Address

26 774 Riverside Drive

Suite, Apt. #, etc.

27

City & State

28 Coral Springs Florida

Zip

29 33071

Country

30 USA

4. FEI Number

65-0494249

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

Trust Fund Contribution

☐

6. This corporation files liability for litigation fees under a:

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

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 transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PEARL, ROBERT N**
STREET ADDRESS **11796 NORTHWEST 1 STREET**
CITY ST ZIP **CORAL SPRINGS FL 33071**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **V.P.**
12 NAME **Stephen M. Spitz**
13 STREET ADDRESS **8813 N.W. 3 Place**
14 CITY ST ZIP **Coral Springs, FL 33071**

☐ Change ☒ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

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:

Robert N. Pearl - Robert N. Pearl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-95

Date

305-346-5005

Telephone Number