FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P94000038764 (4)

VITAMART, INC.

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Principal Place of Business		Mailing Address			ADIAS (110) JEIS (580A DIII 2101 1001	
774 RIVERSIDE DR		774 RIVERSIDE DR				
CORAL SPRINGS FL 33071			CORAL SPRINGS FL 33071 US		DO NOT WRITE IN	THIS SPACE
•		00			3. Date Incorporated or Qualified	
					05/24/1994	
2. Principal P	lace of Business	2a. Mailing Address	3		4, FEI Number	Applied For
21		26		65-0494249	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		<u> </u>	Fee Required	
23				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip Cou		Country	 _	This corporation owes or has paid the state of the s	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre		1951		10. Name and Address of New Regist	
1	AW FIRM OF LAWRENCE J. SP	IEGEL CHARTERED	81	Name	STEPHEN M. SPITZ	
343 ALMERIA AVENUE					ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			82		774 RIVERSIDE DRIVE	ã
			83			
i			84	City	0	85 Zip Code
				'	Coral Springs	FL 3307/
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						
office or registered agent, of both, in the State of Florida State of Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familia with and accept the obligations of, Section 607.0505, Florida Statulos.						
SIGNATURE	- June 7. 7	STEPHEN	M. SPT (NOTE: Registered Age	Z, VI	- CFO 7/2	// YO
12.	Signature sypod or printed name of registry 6 a. OFFICERS AN	form and tille if applicable ND DIRECTORS	13.	ant signature require	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELET				☐ Change ☐ Addition
NAME	PEARL, ROBERT N 1.2 N		1.2 NAME			
STREET ADDRESS	11796 NORTHWEST 1 STR	KEET	1.8 STREET	ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071 1.41		1.4 CiTY-S	ST-ZIP		
TITLE			E 2.1 TITLE			☐ Change ☐ Addition
NAME	SPITZ, STEPHEN M		2.2 NAME			
STREET ADDRESS	8813 NW 3 PLACE		2.3 STREET ADD		4. **	
CITY-ST-ZIP	CORAL SPRINGS FL	The st	2. 4 CiTY -	ST-ZIP		
TITLE			1			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP		DELET	3.4 CITY-5	ST-ZIP		Change Addition
TITLE		DELEI				Change Addition
NAME OTDEET ADDOCCO			4. 2 NAME	ADDDCCO		
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE		DELET	4.4 CITY-S E 5.1 TITLE	11- ZIP		Change Addition
NAME			5.2 NAME			C simile Cividentian
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		DELET		I CH		☐ Change ☐ Addition
NAME		_	6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
CITY-ST-ZIP			64 City. 9	i		

14. I 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.