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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:10

ANNUAL REPORT  
1995



Business Corporation  
Annual Report  
DIVISION OF CORPORATIONS

DOCUMENT # P94000051886 (7)

VITA PLUS DISTRIBUTION, INC.

Principal Place of Business: C/O LINDA CALANDRILLO, 229 HOLLYWOOD CROSSING, LAWRENCE NY 11559  
Mailing Address: C/O LINDA CALANDRILLO, 229 HOLLYWOOD CROSSING, LAWRENCE NY 11559

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/13/1994	3a. Date of Last Report N/A
4. FEI Number 65-0510602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Zip	25 Country	29 Zip	30 Country
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9. Name and Address of Current Registered Agent  
CAPITAL CONNECTION, INC.  
417 W VIRGINIA ST  
SUITE 1  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent	
81 Name MICHAEL CALANDRILLO	85 Zip Code 32021
82 Street Address (P.O. Box Number is Not Acceptable) 5091 SHERIDAN ST.	
83	
84 City Hollywood	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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: Michael Calandrillo V.P. DATE: 2/20/95

12. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	NAME LINDA CALANDRILLO
STREET ADDRESS 229 HOLLYWOOD CROSSING	CITY, ST., ZIP LAWRENCE N.Y. 11559
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME LINDA CALANDRILLO	
13 STREET ADDRESS 229 HOLLYWOOD CROSSING	
14 CITY-ST-ZIP LAWRENCE NY 11559	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE: Linda Calandrillo, President DATE: 2/20/95