

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

FILED
Mar 13 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 # P94000051886 (7)

1. Corporation Name
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 11559-2711

3. Date Incorporated or Qualified **07/13/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
 21. State, Apt. #, etc.

2a. Mailing Address
 26. Suite, Apt. #, etc.

4. FEI Number **65-0510602** Applied For
 Not Applicable

22. City & State
 23. Zip

27. City & State
 28. Zip

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Country

29. Country

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

9. Name and Address of Current Registered Agent

CALANDRILLO, MICHAEL
5091 SHERIDAN ST
HOLLYWOOD FL 33021

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

12.1	<input type="checkbox"/> DELETE	P	CALANDRILLO, LINDA	229 HOLLYWOOD CROSSING	LAWRENCE NY
12.2	<input type="checkbox"/> DELETE				
12.3	<input type="checkbox"/> DELETE				
12.4	<input type="checkbox"/> DELETE				
12.5	<input type="checkbox"/> DELETE				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (changed), or on an attachment with an address.

SIGNATURE: *Michael Calandrillo* **Michael Calandrillo** V. P. **1/14/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)