

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Norman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P940060 51886
 1. Corporation Name
VITA PLUS DISTRIBUTION, INC

Principal Place of Business: **C/O LINDA CALANDRILLO 1425 SW 1st CT Box #24 POMPANO BEACH FL 33062**
 Mailing Address: **C/O LINDA CALANDRILLO 1425 SW 1st CT Box #24 POMPANO BEACH FL 33062**

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/13/1994**

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

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

~~Capital Connection~~
~~417 E. Atlantic Street~~
~~Summer~~
~~FALLASSISSE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: **CALANDRILLO, MICHAEL**
 82 Street Address (P.O. Box Number is Not Acceptable): **1425 SW 1st CT**
 83 **Box # 24**
 84 City: **POMPANO BEACH** FL 85 Zip Code: **33062**

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

12. OFFICERS AND DIRECTORS

TITLE	Pres	<input type="checkbox"/> DELETE
NAME	CALANDRILLO LINDA	
STREET ADDRESS	1425 SW 1st CT Box #24	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	V. Pres.	<input type="checkbox"/> DELETE
NAME	Michael Calandrillo	
STREET ADDRESS	1425 SW 1st CT	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
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	600002532616
44 CITY-ST-ZIP	-05/22/98--01011--033
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	***150.00
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 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: **Michael Calandrillo V. Pres.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)