

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000008303 (6)

1. Corporation Name
VIDA OR, INC.



Principal Place of Business

757 S.E. 17TH ST.
SUITE 381
FT. LAUDERDALE FL 33316

Mailing Address

757 S.E. 17TH ST.
SUITE 381
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified
01/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2437 Tortugas Ln.
Suite, Apt. #, etc.

26 2437 Tortugas Ln.
Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0570972

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

23 City & State
FT Lauderdale FL

28 City & State
FT Lauderdale FL

24 Zip
33312

25 Country
U.S.A.

29 Zip
33312

30 Country
U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAASS, ROBB R
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

81 Name
Paul M. Pettit

82 Street Address (P.O. Box Number is Not Acceptable)
2437 Tortugas Ln.

83

84 City
FT Lauderdale

FL 85 Zip Code
33312

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
Paul M. Pettit SR.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D
PETTIT, PAUL M
STREET ADDRESS
48033 MCKENZIE HWY.
CITY - ST - ZIP
VIDA OR 97488

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
D
PETTIT, MARITZA B
STREET ADDRESS
48033 MCKENZIE HWY.
CITY - ST - ZIP
VIDA OR 97488

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96 954-583-5898

Date

Daytime Phone #

CR2E034 (12/95)