

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 07 1997 8:00am  
Secretary of State

DOCUMENT # P95000060702 (4)

1. Corporation Name

RESTO-VITE INTERNATIONAL, INC.

Principal Place of Business

4555 NW 99TH AVE  
SUITE 305  
MIAMI FL 33178  
US

Mailing Address

4555 NW 99TH AVE  
SUITE 305  
MIAMI FL 33178-3324  
US

2. Principal Place of Business

21 2281 SE 7TH ST  
Suite, Apt. #, etc.

2a. Mailing Address

26 2281 SE 7TH ST  
Suite, Apt. #, etc.

22 City & State  
23 POMPAHO BEACH, FL  
24 33061  
25 FLORIDA  
26 City & State  
27 POMPAHO BEACH, FL  
28 33061  
29 FLORIDA

24 33061  
25 FLORIDA  
29 33061  
30 FLORIDA

9. Name and Address of Current Registered Agent

RIONHART, THOMAS  
4555 NW 99TH AVE  
SUITE 305  
MIAMI FL 33178

2281 SE 7th Street  
Pompano Beach, FL 33062-6403  
Tel./Fax.: (954) 943-6399  
Digital Beeper: (305) 840-2855

3. Date Incorporated or Qualified  
08/07/1995

3a. Date of Last Report  
08/07/1996

4. FEI Number  
65-0605539

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

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

HART, THOMAS R

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

83 2281 SE 7TH ST  
POMPAHO BEACH

84 City

FL

85 Zip Code

33061

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTD HART, THOMAS R

STREET ADDRESS 2281 SE 7th Street  
CITY-ST-ZIP Pompano Beach, FL 33062-6403  
Tel./Fax.: (954) 943-6399  
Digital Beeper: (305) 840-2855

TITLE ☐ DELETE

NAME

STREET ADDRESS 2281 SE 7TH ST

CITY-ST-ZIP POMPAHO BEACH, FL 33061

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0241996

CR2E034 (9/96)