

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076511 (1)

1. Corporation Name

VITA AUTO STACK, INC.



Principal Place of Business

7600 WEST 20TH AVENUE
SUITE 223
HIALEAH FL 33016

Mailing Address

7600 WEST 20TH AVENUE
SUITE 223
HIALEAH FL 33016

2. Principal Place of Business

21 323 Mola Ave.

Suite, Apt. #, etc.

22 Fort Lauderdale, Fla.

City & State

23

Zip

24 33301

Country

2a. Mailing Address

26 323 Mola Ave.

Suite, Apt. #, etc.

27 Fort Lauderdale, Fla.

City & State

28

Zip

29 33301

Country

24 33301

9. Name and Address of Current Registered Agent

KRAVITZ, HAROLD P
7600 WEST 20TH AVENUE
SUITE 223
HIALEAH FL 33016

3. Date Incorporated or Qualified

10/05/1995

3a. Date of Last Report

4. FET Number

☒ 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

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 607.1503, 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, if not applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STEENBAKKERS, JOHANNES
STREET ADDRESS 2218 N.E. 17TH AVENUE
CITY-ST-ZIP WILTON MANORS FL

TITLE ☐ DELETE

NAME VITA BAKKERS, LAWRENCE
STREET ADDRESS 323 MOLA AVENUE
CITY-ST-ZIP FG. LAUDERDALE FL 33301

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

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME Vita, Lawrence
23 STREET ADDRESS 323 Mola Avenue
24 CITY-ST-ZIP Ft. Lauderdale, Fl. 33301

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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-07/10/96--01024--035
***225.00

2/10/96

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: Lawrence Vita
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/96 305 764-5969
Date Filed

CR2E034 (12/95)