

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

FILED  
Jun 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000076511 (1)**

1. Corporation Name

**VITA AUTO STACK, INC.**

Principal Place of Business

**5401 NE 19 AVE  
FT. LAUDERDALE FL 33308  
US**

Mailing Address

**5401 NE 19 AVE  
FT. LAUDERDALE FL 33308  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/05/1995**

2. Principal Place of Business

21 **3213 PORT ROYAL DRIVE S**

Suite, Apt. #, etc.

22 **APARTMENT B**

City & State

23 **FORT LAUDERDALE FL**

Zip

24 **33308**

Country

25 **US**

2a. Mailing Address

26 **3213 PORT ROYAL DRIVE S**

Suite, Apt. #, etc.

27 **APARTMENT B**

City & State

28 **FORT LAUDERDALE FL**

Zip

29 **33308**

Country

30 **US**

4. FEI Number

**65-0642913**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**STEENBAKKERS, JOHANNES  
5401 NE 19 AVE  
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name

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

**3213 PORT ROYAL DRIVE S**

83 **APARTMENT B**

84 City

**FORT LAUDERDALE**

FL

85 Zip Code

**33308**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEENBAKKERS, JOHANNES</b>	
STREET ADDRESS	<b>5401 NE 19 AVE 3213 PORT ROYAL DRIVE S</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL APT B</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VITA, LAWRENCE</b>	
STREET ADDRESS	<b>323 MOLA AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	

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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 recorder 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:

CR2E034 (10/97)