

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080015 (7)

1. Corporation Name

VITAL INFORMATION SYSTEMS, INC.



Principal Place of Business

1306 W BAREFOOT CIR
BAREFOOT BAY FL 32976

Mailing Address

1306 W BAREFOOT CIR
BAREFOOT BAY FL 32976

3. Date Incorporated or Qualified

10/16/1995

3a. Date of Last Report

02-28-94

2. Principal Place of Business

2a. Mailing Address

21 1306 W. Barefoot Circle

26 P.O. Box 780816

4. FEI Number

59-3348390

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 BAREFOOT BAY, FL.

27 SEBASTIAN, FL.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

23 32976

28 32958

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

Country

25 USA

29 Zip

Country

30 USA

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWER, BARBARA B
2041 14TH AVE
VERO BEACH FL 32960

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 607.1508, 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 then applicant

Signature of Registered Agent (signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

1306 W. BAREFOOT Circle

STREET ADDRESS BAREFOOT BAY, FL 32976

CITY- ST- ZIP PRESIDENT Vice President,

TREASURER, Secretary

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

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 *Heather J. McKinney* HEATHER J. McKinney PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Electronic Phone #

CR2E034 (12/95)