

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000034995 (6)

1. Corporation Name
TERRA-VITA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3273 SABAL SPRINGS BLVD NO FORT MYERS FL 33917-2013 US		Mailing Address 1420 S.E. 3RD ST. CAPE CORAL FL 33990	
2. Principal Place of Business	2a. Mailing Address		
21	26	1505 SE 40th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	Suite C	
City & State	City & State		
23	28	Cape Coral FL.	
Zip	Zip	Country	Country
24	25	29	30
		33904	U.S.A.

3. Date Incorporated or Qualified 04/19/1996	
4. FEI Number	Applied For
APPLIED FOR 65-0753022	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLAIR, HEIDE 1420 S.E. 3RD ST. CAPE CORAL FL 33990		81 Name H.S. Blair & Associates, Inc.	
		82 Street Address (P.O. Box Number is Not Acceptable) 1505 SE 40th Street	
		83 Suite C	
		84 City Cape Coral FL 85 Zip Code 33904	

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 S. De Rocco DATE 4-17-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTSCHALK, HANS-JURGEN	1.2 NAME	
STREET ADDRESS	FELDBERG BLICK II 61389	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCHMITTEN GERMANY	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDT, PETER	2.2 NAME	
STREET ADDRESS	3273 SABLE SPRINGS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO FORT MYERS FL 33917-2013	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: S. De Rocco DATE: 4-17-98 941-549-9499

CR2E034 (10/97)