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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000069649 (7)

1. Corporation Name
VITAL-EX COMPANY

Principal Place of Business
**7301 MOOREHEAD TIFFANY SPRINGS RD.
KANSAS CITY MO 64153**

Mailing Address
**P.O. BOX 901436
KANSAS CITY MO 64180-1436**



3. Date Incorporated or Qualified 08/21/1996	3a. Date of Last Report
4. FEI Number 43-1755708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOOOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1508, 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, GARY J	1.2 NAME	
STREET ADDRESS	21 FT. ROYAL ISLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUTS, JIM ⁹⁵⁴⁸	2.2 NAME	
STREET ADDRESS	P.O. BOX 901436 ^{N/A}	2.3 STREET ADDRESS	
CITY - ST - ZIP	KANSAS CITY MO 64180 ^{N/A} Wichita, KS ⁶⁷²⁷⁷	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINSTOCK, WADE	3.2 NAME	
STREET ADDRESS	P.O. BOX 901436 ^{N/A}	3.3 STREET ADDRESS	
CITY - ST - ZIP	KANSAS CITY MO 64190	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, WADE ^{Paul He}	4.2 NAME	
STREET ADDRESS	P.O. BOX 901436 ^{125 Broken Bridge Ln}	4.3 STREET ADDRESS	
CITY - ST - ZIP	KANSAS CITY MO 64190 ^{Platte City, Mo 64079}	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBE, DAVE	5.2 NAME	
STREET ADDRESS	5005 ROCKSIDE RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	INDEPENDENCE OH 44131	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ANNIBALLE, ROBERT J JR.	6.2 NAME	
STREET ADDRESS	3173 MAIN STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	WEIRTON WV 26062	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

3/22/97

Date

816-746-9800

Daytime Phone #

CR2E034 (9/96)