

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

FILED

**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000069649 (7)
1. Corporation Name
VITAL-EX COMPANY



Principal Place of Business: 7301 HOORNCAST TIFFANY SPRINGS RD. KANSAS CITY MO 64153
Mailing Address: P.O. BOX 901436 KANSAS CITY MO 64180-1436

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/21/1996	
22. Suite, Apt #, etc.		27. Suite, Apt #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		43-1755708	Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOOOUTH PINE ISLAND ROAD PLANTATION FL 33324				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.					

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, 83., 84. City, 85. Zip Code

SIGNATURE: _____ DATE: _____
(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 ^{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 ^{N/A}	3.2 NAME	
STREET ADDRESS	P.O. BOX 901436	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 ^{Paulette}	4.2 NAME	
STREET ADDRESS	P.O. BOX 901436 ^{125 Broken Bridge Ln}	4.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO 64180 ^{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: _____ DATE: 3/22/97 DAYTIME PHONE #: 816-746-9800

CR2E034 (9/96)