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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000096660 (1)

1. Corporation Name
VITALITY SQUARED, INC.

Principal Place of Business

Mailing Address

606 WHITEHEAD STREET
KEY WEST FL 33040

606 WHITEHEAD STREET
KEY WEST FL 33040-6549



2. Principal Place of Business	2a. Mailing Address
21 600 Front Street	26 600 Front Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite C-1	27 Suite C-1
City & State	City & State
23 Key West Florida	28 Key West Florida
Zip	Zip
24 33040	29 33040
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
11/27/1996	
4. FEI Number	Applied For
65-0714358	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 has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HORAN, EDWARD W ESQ.
HORAN & HORAN
606 WHITEHEAD STREET
KEY WEST FL 33040

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	6/T
NAME	PORFILIO, TED L	1.2 NAME	
STREET ADDRESS	1209 FIRST STREET, REAR	1.3 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL 33040	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	P
NAME	PORFILIO, CATHY	2.2 NAME	
STREET ADDRESS	1209 FIRST STREET, REAR	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL 33040	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Cathy J. Porfilio CATHY J. Porfilio

4-16-97

305-296-7912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0002049

CR2E034 (9/96)