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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morenam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700000414 (7)

VITALIZERS P.P., INC.

Principal Place of Business

Mailing Address

2255 NORTH COURTENAY MERRITT ISLAND FL 32952 2255 NORTH COURTENAY MERRITT ISLAND FL 32952 FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

								H-					
								3. Date Incorporated or Qualified					
		,						01/02/1997					
2. Principal P	lace of Busin	2a. Mailing Address					4	4. FEI Number		A	pplied For		
21		26						59-34/8300		N	ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Cartificate of Status Decised		\$8.75	Additional		
22		27					-	5. Certificate of Status Desired	<u> </u>	Fee R	equired _		
City & State	е	City & State					e	. Election Campaign Financing		\$5.00	May Be		
23			28						Trust Fund Contribution		•	to Fees	
Zip		Country	Ztp		Cou	untry	,	8	3. This corporation owes or has paid	the curre	nt vear In	tangible	
24	[2	29 30					Personal Property Tax due June 30. 🔀 Yes 🔲 No						
9. Name and Address of Current Registered Agent								10	), Name and Address of New Regis		gent		
BIANCO, ROSALIE							81 Name						
4	2255 NORTH COURTENAY												
•	ERRITT ISLA					32 Street Address (P.O. Box Number Is Not Acceptable)							
ME	THRITI IOLA		}			83							
•						03							
						84	City		<u></u> .		<b>85</b> Zip	Code	
										FL			
11. Pursuant	to the provision	ons of Sections 607.0502	and 607.150	8, Florida Statute	es, the a	pove	-named co	orporati	on submits this statement for the pur	pose of c	hanging i	s registered	
agent. La	egistered age m familiar with	ent, or both, in the State of h. and accept the obligat	i Fiorida, Sud ions of Secti	on change was a	iutnorize rida Stat	a by tutes	tne corpo	oration's	board of directors. I hereby accept to	the appoi	ntment as	registered	
		, a	,	0., 00, 10000, 110			~						
SIGNATURE	Signature, typed o	printed name of registered agent	and title if applica	ble. (NOTE	: Registere	d Age	nt signature re	acuired whe	en reinstating)	DATE		<del></del> ]	
12.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12	
TITLE	D			DELETE	1.1 70	TLE	T		7.557.767.070.11.11.000.10.07.11.02.1		Change	Addition	
NAME	BIANCO	ROSALIE			1.2 N/					-	ag omango		
ì		E						PLUS	v.				
STREET ADDRESS CITY- ST-ZIP COCOA BEACH FL 32920						1.3 STREET ADDRESS			is 10, coas terracy		3-0	~ >	
CITY-ST-ZIP	CUCUA	DEACH FL 32920		1	1.4 CI		T-ZIP	Mer	-ritt Lslama,	<u></u>	<u> </u>	55	
TITLE				☐ DELETE	2.1 TI	TLE	1		·	L	Change	☐ Addition	
NAME					2.2 N/	AME						į	
STREET ADDRESS												į.	
I					2.3 51	REET	ADDRESS					i i	
CITY-ST-ZIP							ł			_		İ	
CITY-ST-ZIP				☐ DELETE	2.3 5T 2. 4 C 3.1 TI	try-s	ł			<u>-</u>	Change	☐ Addition	
			<u> </u>	☐ DELETE	2. 4 C	ITY-S	ł			Ē	Change	Addition	
TITLE NAME			<u> </u>	☐ DELETE	2. 4 C 3.1 TII 3.2 NA	ITY-S TLE AME	IT-ZIP			<u>-</u>	Change	☐ Addition	
NAME STREET ADDRESS				☐ DELETE	2. 4 C 3.1 TH 3.2 NA 3.3 ST	ITY-S TLE AME TREET	T-ZIP ADDRESS			<u>-</u> -	Change	☐ Addition	
NAME STREET ADDRESS CITY - ST - ZIP					2. 4 C 3.1 TH 3.2 NA 3.3 ST 3.4. C	ITY-S TLE AME IREET . ITY-S	T-ZIP ADDRESS	,		- <u>-</u>			
NAME STREET ADDRESS CITY - ST - ZIP TITLE				DELETE DELETE	2. 4 C 3.1 TIT 3.2 NA 3.3 ST 3.4, C 4.1 TIT	ITY-S TLE AME TREET . ITY-S TLE	T-ZIP ADDRESS			<u>-</u>	_ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME					2. 4 C 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4. 2 No	ITY-S TLE AME REET . ITY-S TLE AME	ADDRESS T-ZIP			<u></u>			
NAME STREET ADDRESS CITY - ST - ZIP TITLE					2. 4 C 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4. 2 No	ITY-S TLE AME REET . ITY-S TLE AME	T-ZIP ADDRESS			<u>-</u> -			
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME				☐ DELETE	2. 4 C 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4. 2 No	ITY-S TLE AME TREET ITY-S TLE AME	ADDRESS T-ZIP  ADDRESS			- <u>·</u>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS					2. 4 C 3.1 TIT 3.2 NA 3.3 ST 3.4, C 4.1 TIT 4. 2 NA 4.3 ST	TTY-S TLE AME TY-S TLE AME THE THE TY-ST	ADDRESS T-ZIP  ADDRESS			<u>E</u>			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				☐ DELETE	2. 4 C 3.1 TH 3.2 NA 3.3 ST 3.4. C 4.1 TH 4. 2 NA 4.3 ST 4.4 CH	TTY-S TLE AME TREET TY-S TLE AME TREET THE TREET TY-ST TLE	ADDRESS T-ZIP  ADDRESS				Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE				☐ DELETE	2. 4 C 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4. 2 NA 4.3 ST 4.4 CII 5.1 TII	TTY-S TLE TREET TTY-S TLE AME TREET THE TY-ST TLE AME	ADDRESS T-ZIP  ADDRESS -ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS				☐ DELETE	2. 4 C 3.1 TII 3.2 NA 3.3 ST 3.4. C 4.1 TII 4. 2 NA 4.3 ST 4.4 CII 5.1 TII 5.2 NA 5.3 ST	ITY-S TLE AME TREET / ITY-S TLE AME TY-ST TLE TY-ST TLE AME TREET / TREET /	ADDRESS T-ZIP  ADDRESS (-ZIP  ADDRESS				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				☐ DELETE	2. 4 C 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4. 2 NA 4.3 ST 4.4 CII 5.1 TII 5.2 NA 5.3 STI 5.4 CII	ITY-S TLE AME TREET, ITY-S TLE AME TY-ST TLE AME TLE AME TREET, TY-ST TLE TY-ST	ADDRESS T-ZIP  ADDRESS (-ZIP  ADDRESS				Change	Addition  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ DELETE	2. 4 C 3.1 TIT 3.2 NA 3.3 ST 3.4. Cl 4.1 TIT 4. 2 NA 4.3 ST 4.4 Cl 5.1 TIT 5.2 NA 5.3 ST 5.4 Cl 6.1 TIT	ITY-S TLE AME TREET TLE AME TY-ST TLE AME TY-ST TLE TY-ST TLE TY-ST TLE	ADDRESS T-ZIP  ADDRESS (-ZIP  ADDRESS				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ DELETE	2.4 C 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4. 2 NA 4.3 ST 4.4 CIT 5.1 TIT 5.2 NA 5.3 ST 6.1 TIT 6.2 NA	ITY-S TLE AME IREET, ITY-SI TLE AME REET, ITY-SI TLE AME REET, ITY-SI TLE AME	ADDRESS T-ZIP  ADDRESS (-ZIP  ADDRESS (-ZIP				Change	Addition  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ DELETE	2.4 C 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4. 2 NA 4.3 ST 4.4 CIT 5.1 TIT 5.2 NA 5.3 ST 6.1 TIT 6.2 NA	ITY-S TLE AME IREET, ITY-SI TLE AME REET, ITY-SI TLE AME REET, ITY-SI TLE AME	ADDRESS T-ZIP  ADDRESS (-ZIP  ADDRESS				Change	Addition  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DELETE DELETE	2.4 C 3.1 TIT 3.2 NA 3.3 ST 3.4, Cl 4.1 TIT 4. 2 NA 4.3 ST 4.4 Cl 5.1 TIT 5.2 NA 5.3 ST 6.1 TIT 6.2 NA 6.3 ST 6.4 Cl 6.4 Cl	ITY-S TLE AME TREET, TY-S TLE AME TY-ST TLE AME TY-ST TLE TY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP		on 119.07(3)(i), Florida Statutes. I fur		Change Change Change	Addition  Addition  Addition	

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 of 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 an attachment with an address.

SIGNATURE:

URE REQUIRED

1/8/98

452-8299