

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 13 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 # P97000046671 (8)  
 1. Corporation Name  
 VITATECH, INC.



Principal Place of Business: 3900 HYDE PARK CIRCLE HOLLYWOOD FL 33021  
 Mailing Address: 3900 HYDE PARK CIRCLE HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 ZSB NW 1 AVENUE, 22 FLORIDA CITY, FL 33034, 25 USA  
 2a. Mailing Address: 26 PO Box 900460, 27 HOMESTEAD FL, 28 33090-0460, 29 USA

3. Date Incorporated or Qualified: 05/23/1997  
 4. FEI Number: 65-0753984  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes  No

9. Name and Address of Current Registered Agent: MOLL, DAVID E, 3900 HYDE PARK CIRCLE, HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent: 81 Name: JEFFREY B. RABIN, 82 Street Address: ZSB NW 1 AVENUE, 83, 84 City: FLORIDA CITY, FL 85 Zip Code: 33034

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] JEFFREY B. RABIN DATE: 7/7/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY B. RABIN	1.2 NAME	
STREET ADDRESS	PO Box 900460	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33090-0460	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	100002587861
STREET ADDRESS		6.3 STREET ADDRESS	-07/14/98--01027--021
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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 in an attachment with an address.

SIGNATURE: [Signature] DATE: 7/7/98

CR2E034 (5/98)



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7 July 1998

Annual Report Filings  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: VitaTech, Inc.**

Dear Sir or Madam:

I recently received the 2nd Notice for the 1998 Profit Corporation Annual Report for the above company. It was forwarded by the person indicated on the form, who was formerly associated with the company. He apparently failed to forward the original form.

I am enclosing a check for \$150.00 to cover the annual report and corporation supplemental fee. I respectfully request that the \$400.00 late fee be waived under these circumstances.

Thank you for your assistance and understanding in this matter. My direct telephone number is (305) 242-5154 if you need any additional information.

Sincerely,

Jeffrey B. Rabin