

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
Aug 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000087142
1. Corporation Name
JITASTORM INCORPORATED

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10-08-1997	
21 11651 SW 21 PLACE	26 11651 SW 21 PLACE	4. FEI Number 65-0806852	Applied for Not Applicable		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 DAVIE, FLORIDA	28 DAVIE, FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 33325 25 USA	29 33325 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FREDERICK I POSNER 11651 SW 21 PLACE DAVIE, FL 33325		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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	
1.1 TITLE PRESIDENT	1.1 TITLE P/S	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
1.2 NAME RICHARD C. PALLISSO	1.2 NAME RICHARD C. PALLISSO	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
1.3 STREET ADDRESS 12510 SW 112 CT	1.3 STREET ADDRESS 12510 SW 112 CT	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
1.4 CITY-STATE-ZIP MIAMI, FL 33176	1.4 CITY-STATE-ZIP MIAMI, FL 33176	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
2.1 TITLE VICE-PRESIDENT	2.1 TITLE N/T	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
2.2 NAME FREDERICK I. POSNER	2.2 NAME FREDERICK I. POSNER	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
2.3 STREET ADDRESS 11651 SW 21 PLACE	2.3 STREET ADDRESS 11651 SW 21 PLACE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
2.4 CITY-STATE-ZIP DAVIE, FL 33325	2.4 CITY-STATE-ZIP DAVIE, FL 33325	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
3.1 TITLE	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3.2 NAME	3.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3.3 STREET ADDRESS	3.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3.4 CITY-STATE-ZIP	3.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
4.1 TITLE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
4.2 NAME	4.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
4.3 STREET ADDRESS	4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
4.4 CITY-STATE-ZIP	4.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.1 TITLE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.2 NAME	5.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.3 STREET ADDRESS	5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.4 CITY-STATE-ZIP	5.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.1 TITLE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.2 NAME	6.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.3 STREET ADDRESS	6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.4 CITY-STATE-ZIP	6.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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 on an attachment with an address.

SIGNATURE:  FREDERICK POSNER 8-10-98 951-328-4632

CR2E034 (5/98)

(2)

vitastorm

The Calm Is Over.

August 10, 1998

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern:

First, I would like to thank the entire office staff for their assistance in sending my company the annual report form and for answering all telephone questions. You have a fantastically polite and courteous staff, which (after working for the state several years ago) I was not prepared for.

Attached you will find the State of Florida PROFIT CORPORATION ANNUAL REPORT 1998 for **VITASTORM INCORPORATED**. The reason this report is being turned in at this time is that we had not received any forms or notices for the report. We are a new company in the earliest stages of infancy and ask that the late fee be abated in our case.

We have enclosed a check in the amount of \$158.75 for the normal filing fee and our request for a Certificate of Status. In the event that our late fee cannot be abated, I will have it sent to you as soon as notified.

Your consideration in this matter is greatly appreciated. If you have any questions, please do not hesitate to immediately contact me at (954) 328-8632 (voice), (954) 370-8106 (fax), or by e-mail at fred@vitastorm.com.

Sincerely,



Frederick I. Posner
Vice-President