

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

FILED
Jun 02 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 # **P97 0000 87259**
1. Corporation Name:

VITAL PHARMA, INC.

Principal Place of Business:

Mailing Address:

**1006 W. 15TH ST.
RIVIERA BEACH, FL 33404**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/7/97 4. FEI Number 65-0536425 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$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

**HAL BASEMAN
1006 W. 15TH ST.
RIVIERA BEACH, FL 33404**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature of person filing this statement (if not the registered agent, a director or officer of the corporation)

(NOTE: Registered Agent's signature required when reinstating)

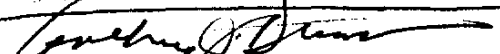
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TERRY WALL	1.2 NAME	
STREET ADDRESS	1006 W. 15TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	1.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANTHONY DIMON	2.2 NAME	
STREET ADDRESS	1006 W. 15TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAL BASEMAN	3.2 NAME	
STREET ADDRESS	1006 W. 15TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

300002546013
-06/03/98--01052--038
*****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 supplement to 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (10/97)