

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90063 048 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **P97000095632**

1. Corporation Name
VIGORMAX, INC.



Principal Place of Business
 5405 NW 102ND AVE
 SUITE 225
 SUNRISE FL 33351

Mailing Address
 5405 NW 102ND AVE
 SUITE 225
 SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **3129 N 29th Av.**
 Suite, Apt. #, etc.
 22

2a. Mailing Address
 26 **3129 N. 29th Av**
 Suite, Apt. #, etc.
 27

23 **Hollywood #1**
 City & State
 28 **Hollywood #1**
 City & State

24 **33021** 25 **USA**
 Zip Country
 29 **33021** 30 **USA**
 Zip Country

3. Date Incorporated or Qualified
11/07/1997

4. FEI Number
65-0806596 Applied For
 Not Applicable

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ROSEN, LAWRENCE N
2925 AVENTURA BLVD
SUITE 308
AVENTURA FL 33180

10. Name and Address of New Registered Agent
 81 Name **Leo Ghitis**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **3710 N. 37 Terrace**
 84 City **Hollywood** 85 Zip Code **33021** 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]* DATE **2/19/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STARUSSA, LEON	
STREET ADDRESS	105 KETCH DR	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SRAGOVICH, GABRIEL	
STREET ADDRESS	2280 WEST 77TH ST	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Gabriel Sragovich*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/19/99**
 DATE DAYTIME PHONE #

CR2E034 (1/198)