FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000098140 (1) **DOCUMENT #**1. Corporation Name VITA GARDENS, CORP. Principal Place of Business Mailing Address 8923 LAKES BLVD. 8923 LAKES BLVD. WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/17/1997 2. Principal Place of Business 2a. Mailing Address FEI Number 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 FINLEY, CHANDLER R 1645 PALM BEACH LAKES BLVD., STE. #520 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 **R**3 City 84 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE BUYUK, GUROL NAME 1.2 NAME 8923 LAKES BLVD. STREET ADDRESS 1.3 STREET ADDRESS **WEST PALM BEACH FL 33412** CITY-ST-ZIP 1.4 CITY-\$T-ZIP DFLETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

## FILED Mar 09 1998 8:00am Secretary of State



Applied For

Fee Required

Added to Fees

Zip Code

Addition

Addition

Addition

Addition

Change

☐ No

Not Applicable

5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 attacoment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

DELETE

DELETE

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