FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S54348** **(5)**

1. Corporation Name

VITALITY CONNECTIONS, INC.

Principal Place of Business	Mailing Address
2753 S.R. 580 SUITE 201 CLEARWATER FL 34621	2753 S.R. 580 SUITE 201 CLEARWATER FL 34621

3. Date Incorporated or Qualified: **05/22/1991**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-3066543** ☐ 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. The corporation has liability for inland bills pursuant to 193.092 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 28050 U.S. 19N
22 Suite 307
23 Clearwater FL
24 Zip 34621 25 Country USA

2a. Mailing Address

26 28050 U.S. 19N
27 Suite 307
28 Clearwater, FL
29 Zip 34621 30 Country USA

9. Name and Address of Current Registered Agent

KASSON, SUSAN
3094 HILLSIDE
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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 Susan L Kasson 4-10-96
Signature of Registered Agent (Required) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	☐ DELETE	☒ Change ☐ Add
NAME	KASSON, HOWARD L		
STREET ADDRESS	2102 SWAN LANE		3094 Hillside Lane
CITY-ST-ZIP	SAFETY HARBOR FL		Safety Harbor, FL 34695
TITLE	D	☐ DELETE	☒ Change ☐ Add
NAME	KASSON, SUSAN L		
STREET ADDRESS	2102 SWAN LANE		3094 Hillside Lane
CITY-ST-ZIP	SAFETY HARBOR FL		Safety Harbor, FL 34695
TITLE		☐ DELETE	☐ Change ☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is true and accurate, that my electronic 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 above, or on an attachment with an address.

SIGNATURE: Susan L Kasson 4-10-96 (813) 791-3762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)