


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90211 026 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 830548**

1. Corporation Name  
**ELAN VITAL, INC.**

404915 - 90211 - 26

Principal Place of Business C/O LINDA S. GROSS P.O. BOX 6130 MALIBU CA 90264	Mailing Address C/O LINDA S. GROSS P.O. BOX 6130 MALIBU CA 90264
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/27/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7174539
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  LINDA S. GROSS 20 ISLAND AVE., #1104 MIAMI BEACH FL 33139	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE STD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, KATHIE		1.2 NAME	
STREET ADDRESS 5321 DERRY AVE. STE G		1.3 STREET ADDRESS	
CITY-ST-ZIP AGOURA HILLS CA		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS G. HAGAN		2.2 NAME	
STREET ADDRESS 755 LAKEFIELD DRIVE, SUITE J		2.3 STREET ADDRESS	
CITY-ST-ZIP WESTLAKE VILLAGE CA		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GROSS, LINDA		3.2 NAME	
STREET ADDRESS 20 ISLAND AVE STE 1104		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARL B. HEBELER		4.2 NAME	
STREET ADDRESS 914 THIRD STREET, #9		4.3 STREET ADDRESS	
CITY-ST-ZIP SANTA MONICA CA		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 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 617, 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: *Kathie Thomas* Kathie Thomas Sec/Treas 4/20/99 818-889-1360  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Elan Vital Inc.*

CR2E037 (1/98)