

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

FILED

96 SEP 27 PM 2:11

DOCUMENT # **P94000016393 (8)**

1. Corporation Name
VECTOR ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATE

Principal Place of Business: **7704 19TH AVENUE DRIVE WEST BRADENTON FL 34209**
Mailing Address: **7704 19TH AVENUE DRIVE WEST BRADENTON FL 34209**

3. Date Incorporated or Qualified: **02/02/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **1021 E Hwy 98**
21. Suite, Apt. #, etc.: **#3**
22. City & State: **DESTIN FL**
23. Zip: **32541** Country: **USA**

2a. Mailing Address: **1021 E Hwy 98**
25. Suite, Apt. #, etc.: **#3**
27. City & State: **DESTIN FL**
28. Zip: Country:

4. FEI Number: **65-APPLIED FOR 0479106**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FINKELSTEIN, DAVID N
1111 THIRD AVENUE WEST
SUITE 170
BRADENTON FL 34205**

10. Name and Address of New Registered Agent
81. Name: **JOHN MCMURTRY**
82. Street Address (P.O. Box Number is Not Acceptable): **1021 E Hwy 98 #3**
83. City: **DESTIN FL** 85. Zip Code: **32541**

11. Pursuant to the provisions of Sections 607.0602 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]* Pres. DATE: **9-24-96**

12. OFFICERS AND DIRECTORS

| | | | | | | | | | | | | | | | |
|-------|---------------|---------------------|--------------|--|------|----------------|-------------|---------------------------------|------|----------------|-------------|---------------------------------|------|----------------|-------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | PD | 7704 19TH AVE DR. W | BRADENTON FL | <input checked="" type="checkbox"/> DELETE | | | | <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> DELETE | | | |
| | ROMINES, MATT | | | | | | | | | | | | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|----------------|--------------------|-----------------|---|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |
| | PRESIDENT | 1021 E Hwy 98 #3 | DESTIN FL 32541 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | |
| | MCMURTRY, JOHN | | | | | | | | | | | | | | | | | | | | | | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report or as an attachment with an address.

SIGNATURE: *[Signature]* JE MCMURTRY PRESIDENT DATE: **9-6-96** DAYTIME PHONE #: **904-654-0081**

CR2E034 (12/95)