

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

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**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000021860 (8)
1. Corporation Name
VECTOR MARINE, INC.



Principal Place of Business 5001 N.W. 76TH PLACE POMPANO BEACH FL 33076	Mailing Address 5001 N.W. 76TH PLACE POMPANO BEACH FL 33073-3580
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3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report 04/05/1996
4. FEI Number 65-0563927	Applied For <input checked="" type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2057 Discovery Cir. E.	2a. Mailing Address 26 2057 Discovery Cir. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Pompano FL	City & State 28 Pompano FL
Zip 24 33064	Country 25 Brow.
Country 29 33064	Country 30 1320W.

9. Name and Address of Current Registered Agent
**VANDEREEDT, JAMES
5001 NW 76 PLACE
POMPANO BCH FL 33076**

10. Name and Address of New Registered Agent

81 Name VANDEREEDT JAMES P.
82 Street Address (P.O. Box Number is Not Acceptable) 2057 DISCOVERY CIR. E.
83
84 City Pompano
85 State FL
Zip Code 33064

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME VANDEREEDT, JAMES P	
STREET ADDRESS 5001 N.W. 76TH PLACE	
CITY-ST-ZIP POMPANO BEACH FL 33076	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME VANDEREEDT James P	
1.3 STREET ADDRESS 2057 DISCOVERY CIR, E	
1.4 CITY-ST-ZIP POMPANO FL 33064	
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 do 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.

SIGNATURE _____ DATE **4-15-97** (954) 307 9177

CR2E034 (9/96)