

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000067661 (5)
 1. Corporation Name
VECTOR PRODUCTS, INC.



Principal Place of Business: 34 WEST DILIDO DR. MIAMI BEACH FL 33139
 Mailing Address: 34 WEST DILIDO DR. MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	3003 GREENE STREET	26	3003 GREENE STREET	08/31/1995	07/18/1996
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
23	HOLLYWOOD, FLORIDA	28	HOLLYWOOD, FLORIDA	65-0604609	
24	33080	29	33080	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	USA	30	USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
JASLOW, CRAIG A 9351 FONTAINEBLEAU BLVD., STE. B-307 MIAMI FL 33172				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
JASLOW, CRAIG A 9351 FONTAINEBLEAU BLVD., STE. B-307 MIAMI FL 33172		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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIEGER, MICHAEL	1.2 NAME	
STREET ADDRESS	34 WEST DILIDO DR.	1.3 STREET ADDRESS	3003 GREENE STREET
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33020
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIEGER, RICHARD	2.2 NAME	
STREET ADDRESS	34 WEST DILIDO DR.	2.3 STREET ADDRESS	3003 GREENE STREET
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33020
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JANICE	3.2 NAME	
STREET ADDRESS	34 WEST DILIDO DR.	3.3 STREET ADDRESS	3003 GREENE STREET
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33020
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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 _____

CP2E034 (4/97)