

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

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**Feb 25 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 # P93000071273 (5)**

1. Corporation Name  
**VECTRIX CORPORATION**



Principal Place of Business  
**6074 GOLF VILLAS DR  
BOYTON BEACH FL 33437  
US**

Mailing Address  
**6074 GOLF VILLAS DR  
BOYTON BEACH FL 33437-4116  
US**

3. Date Incorporated or Qualified **10/08/1993** 3a. Date of Last Report **02/02/1996**

2. Principal Place of Business  
21 **12338 Melrose Way**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **12338 Melrose Way**  
Suite, Apt. #, etc.

4. FEI Number **65-0442120** Applied For   
Not Applicable

22

27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **Boca Raton, FL**  
City & State

28 **Boca Raton, FL**  
City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **33428** 25 **USA**  
Zip Country

29 **33428** 30 **USA**  
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ZEITLER, MARKUS  
6074 GOLF VILLAS DRIVE  
BOYTON BEACH FL 33437**

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 607.0502 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 *Markus Zeitler* **MARKUS ZEITLER** DATE **2/18/97**  
Signature (hand or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>ZEITLER, MARKUS</b>	
STREET ADDRESS	<b>6074 GOLF VILLAS DRIVE</b>	
CITY-ST-ZIP	<b>BOYTON BEACH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>ZEITLER, MELINDA</b>	
STREET ADDRESS	<b>6074 GOLF VILLAS DRIVE</b>	
CITY-ST-ZIP	<b>BOYTON BEACH FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>12338 Melrose Way</b>		
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33428</b>		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	<b>12338 Melrose Way</b>		
2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33428</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Markus Zeitler* **MARKUS ZEITLER**, DATE **2/18/97** (56) 883-2200  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

CR2E034 (9/96)