

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000000633 (7)

1. Corporation Name
VELA RESEARCH, INC.



Principal Place of Business
2501 118TH AVENUE NO. ST. PETERSBURG FL 33716 US

Mailing Address
P.O. BOX 9090 CLEARWATER FL 34618-9090

3. Date Incorporated or Qualified: **02/09/1994** 3a. Date of Last Report: **04/06/1995**

4. FLI Number: **59-3221721** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**C T CORORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature typed or printed name of registered agent with identification (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOGAN, GERALD F.	
STREET ADDRESS	2501 118TH AVENUE NO.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOPER, SCOTT	
STREET ADDRESS	2501 118TH AVENUE NO.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KERN, PETER M.	
STREET ADDRESS	2501 118TH AVENUE NO.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LYON, RICHARD	
STREET ADDRESS	2501 118TH AVENUE, NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WATERS, ELIZABETH A	
STREET ADDRESS	2501 118TH AVENUE NO.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, R J	
STREET ADDRESS	2501 118TH AVENUE NO.	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pollin, Mary Ellen	
1.3 STREET ADDRESS	2501 118th Avenue, North	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McKeon, Kevin J.	
3.3 STREET ADDRESS	2501 118th Avenue, North	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	900001828929	
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS	-05/20/96--01036--050	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Krall, Lynn	
6.3 STREET ADDRESS	2501 118th Avenue, North	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33716	

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 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth Waters*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elizabeth Waters

Date: **4/30/96** (813) 572-8585
Duly Certified

CR2E034 (12/95)