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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

**FILED** 

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400000633 (7)

VELA RESEARCH, INC.

Principal Place of Business Mailing Address						·				
2501 118TH AVENUE NO. ST.PETERSBURG FL 33716 US			P.O. BOX 9080 CLEARWATER FL 34618-9090							
							3. Date Incorporated or Qualified	3a. Date o		port
2. Principal Place of Business 2a. Mailing Address				Man			02/09/1994			
	IACE OF BUSINESS	<u> </u>	2a. Mailing Address				4, FEI Number		<u> </u>	plied For
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			59-3221721   Not Applicable				
22	n, 010.	} <u>-</u>	27			5. Certificate of Status Desired Fee Required				
City & State	9		City & State			6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution			
Zip	Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			·····	Florida Statutes Yes No  10, Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent						Name	10. Name and Address of New He	listered Age	nt	
C T COROPRATION SYSTEM 1200 S. PINE ISLAND ROAD										
PLANTATION FL 33324				1	12	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
				E	3					
					14 (	City		8	5 Zip C	Code
						•		-   <u> -</u>		
Office or re	edistered edeal, or both	in the State of Florida 9	Ruch channe was s	uthorizad	hv 11	named corp he corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of cha t the appoint	anging its ment as i	registered   registered
agent. i a	m familiar with, and accep	of the obligations of, So	ction 607.0505, Flo	rida Statu	les.					_
SIGNATURE	Signature, typed or printed name o	Frequistered agent and title if and	alicanic (NO1)	Registered	Ancol	s onalure recom	red when reinstating)	DATE		
12.		ICERS AND DIRECTO		18.			ADDITIONS/CHANGES TO OFFIC		RECTORS	S IN 12
TITLE	DS		DELETE	1.1 HIL	F				Change	Addition
NAME	POLLIN, MARY ELLE		1.2 NAME							
STREET ADORESS	2501 118TH AVENUE		1.3 STREET ADDRESS			DDRESS				
CITY-ST-ZIP	ST PETERSBURG FL	33716	1.4 CHY-S1-Z			ZIP				
TITLE	PD		L DELETE	2.1 1ITL	E				Change	Addition
NAME	COOPER, SCOTT		2.2 NAME							
STREET ADDRESS	2501 118TH AVENUE		2.3 STREET ADDRESS			DDRESS				
CITY-ST-ZIP	ST PETERSBURG FL	,	The Devete	2.4 CIT						
TITLE	DT		X DELETE	3.1 THIL		DI			Change	Addition
NAME	MCKEON, KEVIN J	· NO		3.2 NA₩			ROSPER, JED B.			
STREET ADDRESS	2501 118TH AVENUE			3.8 S1R			501 118TH AVE N	716		
CITY-ST-ZIP TITLE	ST PETERSBURG FL AT	33/10	DELETE	3.4. CIT		ZIP SI	r PETERSBURG FL 3:	3716	Change	LAddition
NAME	LYON, RICHARD		La Detrice	4.1 HiL				را	Change	Addition
STREET ADDRESS	2501 118TH AVENUE	: NO		4. 2 NAN		55550				
CITY-ST-ZIP	ST. PETERSBURG FI			4.8 STRI						
TITLE	AS		DELETE	4.4 CHY 5.1 THL		ZIF			Change	Addition
NAME	WATERS, ELIZABETH	I A		5.2 NAN						
STREET ADDRESS	2501 118TH AVENUE			5.8 STR		IDRESS				
CITY-ST-ZIP	ST PETERSBURG FL			5.4 CHTY						
TITLE	AT	·	DELETE	6.1 1ITL					Change	Addition
NAME	KRALL, LYNN			6.2 NAN				_	•	
STREET ADDRESS	2501 118TH AVENUE	NO.		6.3 S1R		DRESS				

6.4 CHY-ST-7IP

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 logal 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.