

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

FILED
May 02 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 # 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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1994	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3221721		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. State 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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS	NAME POLLIN, MARY ELLEN	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2501 118TH AVENUE NO.	CITY-ST-ZIP ST PETERSBURG FL 33716	1.2 NAME	
TITLE PD	NAME COOPER, SCOTT	1.3 STREET ADDRESS	
STREET ADDRESS 2501 118TH AVENUE NO.	CITY-ST-ZIP ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE DT	NAME MCKEON, KEVIN J	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2501 118TH AVENUE NO.	CITY-ST-ZIP ST PETERSBURG FL 33716	2.2 NAME	
TITLE AT	NAME LYON, RICHARD	2.3 STREET ADDRESS	
STREET ADDRESS 2501 118TH AVENUE, NO.	CITY-ST-ZIP ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE AS	NAME WATERS, ELIZABETH A	3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 2501 118TH AVENUE NO.	CITY-ST-ZIP ST PETERSBURG FL	3.2 NAME TROSPER, JED B.	
TITLE AT	NAME KRALL, LYNN	3.3 STREET ADDRESS 2501 118TH AVE N	
STREET ADDRESS 2501 118TH AVENUE NO.	CITY-ST-ZIP ST PETERSBURG FL 33716	3.4 CITY-ST-ZIP	
		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	Change <input type="checkbox"/> Addition <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.

Elizabeth A. Waters 813-272-2727

CR2E034 (9/96)