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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M67640 (6)

1. Corporation Name

VECTOR MANAGEMENT SYSTEMS, INC.



Principal Place of Business

2119 TAMiami TRAIL SOUTH
OSPREY FL 34229

Mailing Address

2119 TAMiami TRAIL SOUTH
OSPREY FL 34229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1988

4. FEI Number

65-0028366

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes ☐ No

2. Principal Place of Business

21 3105 CASEY KEY ROAD
Suite, Apt. #, etc.

2a. Mailing Address

26 3105 CASEY KEY ROAD
Suite, Apt. #, etc.

City & State

23 NOKOMIS FL

Zip Country
24 34275 25 USA

City & State

28 NOKOMIS FL

Zip Country
29 34275 30 USA

9. Name and Address of Current Registered Agent

MORRIS, HARVEY
2119 TAMiami TRAIL NORTH
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name

MORRIS, HARVEY

82 Street Address (P.O. Box Number is Not Acceptable)

3105 CASEY KEY ROAD

83

84 City

NOKOMIS

FL

85 Zip Code
34275

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

Signature typed or printed name of registered agent and title if applicable

HARVEY MORRIS

4/25/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DPS MORRIS, HARVEY 3105 CASEY KEY RD NOKOMIS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
DPS MORRIS, HARVEY 3105 CASEY KEY RD NOKOMIS, FL 34275

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

14. I 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: [Signature]

CR2E034 (10/97)