ANNUAL REPORT			LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State		SECRETARY OF STATE DIVISION OF CORPORATIONS	
1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					99 APR 23 AM 8: 22	
. Name				00001170	=	
	VELA RESEARCH HOL				1a. Principal Place of Bus	iness Address
1 HSN DRIVE ST. PETERSBURG FL 33729					1 HSN DRIVE ST. PETERSBURG FL 33729	
Princip	oal Place of Business	2a. Mai	ling Address		3. Date Organized or Qua	lified 3a. State of Formation
			pt. #, etc.		10/12/1998	DE
					4. FEI Number	Applied For
City & Sta	ate	City & S	tate		59-3491780	Not Applicab
ip	Country	Zip		Country	5. Date of Last Report	6. Certificate of Status Desirer S8 75 Additional Fee Required
	7. Name and Address of Curre	ent Registered	Agent		Name and Address of New	
						FL / sti
s registe s registe	ant to the provisions of Sections 608.4 red office or registered agent, or both, in ered agent, and accept the obligations.				native vote of a majority of the m	
s registe is registe SIGNATU	red office or registered agent, or both, in ared agent, and accept the obligations. JRE (Registered Agent Accept	the State of Flo	orida. Such chan	ge was authorized by affirm	native vote of a majority of the m	embers. Thereby accept the appointmen
ts registe	red office or registered agent, or both, in ered agent, and accept the obligations.	the State of Flo	orida. Such chan	ge was authorized by affirm ent signative required when revistal Business Street Address	DATE .	embers. Thereby accept the appointment of the appoi
ts registe ts registe SIGNATL	red office or registered agent, or both, in red agent, and accept the obligations. JRE	the State of Flo	orida. Such chan	ge was authorized by affirm ent signative required when revistal Business Street Address	DATE S DATE S 1.52 WEST 5 NEW	City, State and Zip Code YORK NY / 00/9 1012856924
ts registe as registe SIGNATL 0. Title	red office or registered agent, or both, in red agent, and accept the obligations. JRE	the State of Flo	orida. Such chan	ge was authorized by affirm ent signative required when revistal Business Street Address	DATE S DATE S 1.52 WEST 5 NEW	City, State and Zip Code YORK NY / DO19