

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P27404**
1. Corporation Name
VECTOR MANAGEMENT CORP.

(3)

FILED

98 MAY -4 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**C/O J&B MANAGEMENT CO.
1 EXECUTIVE DRIVE
FORT LEE NJ 07024**

**C/O J&B MANAGEMENT CO.
1 EXECUTIVE DRIVE
FORT LEE NJ 07024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1989

4. FEI Number

22-3014474

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPITOL SERVICES
1020 E. LAFAYETTE STREET, SUITE 110A
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

580002513845-9

-05/06/98-01097-002

*****1688.25 ***150.00**

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 set forth in Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent as it appears on the filing)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **LUCIANI, JOHN**
STREET ADDRESS **1 EXECUTIVE DR.**
CITY-ST-ZIP **FORT LEE NJ**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VST** ☐ DELETE
NAME **RODIN, BERNARD**
STREET ADDRESS **1 EXECUTIVE DR.**
CITY-ST-ZIP **FORT LEE NJ**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RODIN, BERNARD**
STREET ADDRESS **1 EXECUTIVE DR.**
CITY-ST-ZIP **FORT LEE NJ**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LUCIANI, JOHN, III**
STREET ADDRESS **1610 WOODSTEAD COURT**
CITY-ST-ZIP **THE WOODLANDS TX**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LUCIANI, DORIAN**
STREET ADDRESS **1610 WOODSTEAD COURT**
CITY-ST-ZIP **THE WOODLANDS TX**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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

4/30/98

201-9477222

CR2E034 (10/97)