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

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PROFIT
CORPORATION
ANNUAL REPOR
4000
1999
1999 DOCUMENT # 1. Corporation Name VECTOR MANAGEME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED								
39	APR 30	PH	կ։	20				

DOCU	MENT # P2740	4		99 APR 30 PM	μ: ΖU
1. Corporation	MANAGEMENT CORP.	-		Shiche i And Dr.	Serieti
VECTOR	MANAGEMENT CORP.			SECTION FOR THE STATE OF THE ST	
Principal Plac	e of Business	Mailing Address	1900	A LOGITHOUS FLOOR	ii dabil dibil babil bibil bibil tabi
C/O J&B MANA	AGEMENT CO.	C/O J8B MANAGEMENT CO) .		
1 EXECUTIVE DRIVE 1 EXECUTIVE DRIVE			DO NOT WOLF IN TO	IIO ODILOE	
FORT LEE NU I	37024	FORT LEE NJ 07024		DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IIS SPACE
l				12/21/1989	
2. Principal P	lace of Business	2a. Mailing Address		4. fEl Number	Applied For
21				22-3014474	Not Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired []	\$8.75 Additional
City & Stat	A	City & State			Fee Required
23	O .	28		6. Election Campaign Financing []	\$5.00 May Be Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation owes the current year	
24	25		30	Personal Property Tax	[]Yes []No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registere	ed Agent /
NAT	IONAL CORPORATE RESEARC	CH. LTD	81 Name		ነፈ0 '
	HAYS STREET		82 Street Add	iress (P.O. Box Number is Not Acceptable)	17
SUIT			83		
TALL	AHASSEE FL 32301		l l		, . ,
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	s, the above named cor		
office or r agent. I a	egistered agent, or both, in the Sta m familiar with and accept the ob-	ate of Florida. Such change was autigations of, Section 607,0505, Flori	thorized by the corporat da Statutes.	poration submits this statement for the purpose non's board of directors. I heroby accept the app	pointment as registered
SIGNATURE	11.1	1-11		4/28/9	9
	Signature, type or printed name of registered		Registered Agent signature requi	e Ektoro rea statisgi	
12.	PD OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 [Change Addition
NAME	LUCIANI, JOHN	I J Delette	12 NAME		f Lougilge (Lyndige)
STREET ADDRESS	1 EXECUTIVE DR.		13 STREET ADORESS		
CITY-\$T-ZIP	FORT LEE NJ		14 CHY-ST-ZIP		
TITLE	VST	[] DELETE	2 1 TITLE		[]Change []Addition
NAME	RODIN, BERNARD		2.2 NAME	0,000,0287	03601
STREET ADDRESS	1 EXECUTIVE DR.		2.3 STREET ADDRESS	-05/11/99-	01004011
CITY-ST-ZIP	FORT LEE NJ		2 4 CITY-ST-ZIF	***1650.0	
TITLE	DODIN BEDNADD	☐ DELETE	3 1 TITLE	, (AN [Change [Aodition
NAME STREET ADDRESS	rodin, bernard 1 executive dr.		3 2 NAME	ht 10'	1,
CITY-ST-ZIP	FORT LEE NJ		33 STREET ADDRESS 34 CITY-ST-7IP	/ July	
TITLE	D	[] DELETE	41 TITLE	Ψ' '	[Change [Addition
NAME	LUCIANI, JOHN, III		4-2 NAME	,	
STREET ADDRESS	1610 WOODSTEAD COURT		4 3 STREET ADDRESS		
CITY-ST-ZIP	THE WOODLANDS TX		4.4 CiTY-ST-ZiP		
TITLE	D	[.] DELFTE	51 TITLE		[Change [Addition
NAME	LUCIANI, DORIAN		52 NAME		
STREET ADDRESS	1610 WOODSTEAD COURT		53 STREET ADDRESS		
CITY-ST-ZIP TITLE	THE WOODLANDS TX	[] DELETE	54 City - ST - ZiP		[Change [Addition
NAME		El oct le	6.2 NAME		Elfouguige Eli Madisoni
STREET ADDRESS			63 STREF 1 ADDRESS		
	i		- I		

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, with all other like empowered

SIGNATURE:

| SIGNATURE | S

SIGNATURE PAD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR