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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P32273

1. Corporation Name
VAPOR CORPORATION



Principal Place of Business

6420 W HOWARD ST
 NILES IL 60648
 US

Mailing Address

1001 AIR BEALE AVE
 %CORP FINANCE
 WILMERDING PA 15148
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/26/1990

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **1001 AIR BRAKE AVE**

27 Suite, Apt. #, etc.

28 **40 Corp. Finance**

City & State

Zip

Country

30 **15148**

US

4. FEI Number
22-3029817

5. Certificate of Status Desired

Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION 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

84 City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** DELETE

NAME **KASSLING, WILLIAM E**
 STREET ADDRESS **1001 AIR BRAKE AVE**
 CITY-ST-ZIP **WILMERDING PA**

TITLE **VSD** DELETE

NAME **BROOKS, ROBERT J**
 STREET ADDRESS **1001 AIR BRAKE AVE**
 CITY-ST-ZIP **WILMERDING PA**

TITLE **VT** DELETE

NAME **FORSLUND, ROBERT**
 STREET ADDRESS **6420 W HOWARD ST**
 CITY-ST-ZIP **NILES IL**

TITLE **V** DELETE

NAME **NIPPES, KEITH**
 STREET ADDRESS **6420 W HOWARD ST**
 CITY-ST-ZIP **NILES IL**

TITLE **S** DELETE

NAME **DENINNO, DAVID L**
 STREET ADDRESS **435 SIXTH AVE**
 CITY-ST-ZIP **PITTSBURGH PA**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

P/D
John Meister
1001 Air Brake Ave
Wilmerding, PA 15148

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

V/D

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

David L Deninno RECEIVED

2/9/99

825-1176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)