

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000016393 (8)

1. Corporation Name

VECTOR ENTERPRISES, INC.

APPROVED
AND
FILED

APR -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7704 19TH AVENUE DRIVE WEST
BRADENTON FL 34209

Mailing Address
7704 19TH AVENUE DRIVE WEST
BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

4. FEI Number

☒ 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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ 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

FINKELSTEIN, DAVID N
1111 THIRD AVENUE WEST
SUITE 170
BRADENTON FL 34205

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 of the person named as registered agent and the following:

(a) Registered Agent (signature required when resigning)

(b) (a)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

P.D. MATT ROMING
7704 19TH AV DR W
BRADENTON FL 34209
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
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9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

MATT ROMING X

Date

4/19/95

Signature of