

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 SEP 27 PM 2:11

DOCUMENT # **P94000016393 (8)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VECTOR ENTERPRISES, INC.



**REINSTATE**

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

3. Date Incorporated or Qualified: 02/02/1994  
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business: 1021 E Hwy 98  
22. Suite, Apt. #, etc: #3  
23. City & State: DESTIN FL  
24. Zip: 32541 Country: USA

2a. Mailing Address: 1021 E Hwy 98  
26. Suite, Apt. #, etc: #3  
27. City & State: DESTIN FL  
28. Zip: Country:

4. FEI Number: 65-APPLIED FOR 0479106  
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

9. Name and Address of Current Registered Agent: FINKELSTEIN, DAVID N 1111 THIRD AVENUE WEST SUITE 170 BRADENTON FL 34205

10. Name and Address of New Registered Agent: 81 Name: JOHN MCMURTRY  
82 Street Address (P.O. Box Number is Not Acceptable): 1021 E Hwy 98 #3  
83  
84 City: DESTIN FL 85 Zip Code: 32541

11. Pursuant to the provisions of Sections 607.0602 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] Pres. DATE: 9-24-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PD ROMINES, MATT	7704 19TH AVE DR. W	BRADENTON FL	<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PRESIDENT	MCMURTRY, JOHN	1021 E Hwy 98 #3	DESTIN FL 32541	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*225.00 \*\*\*225.00

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(3)(k), 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 of this report or in an attachment with an address.

SIGNATURE: [Signature] JE MCMURTRY PRESIDENT DATE: 9-6-96 DAYTIME PHONE #: 904-654-0081

CR2E034 (12/95)