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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

P94000057576 (8)

VECTOR INVESTMENT CORPORATION

Principal Place of Business				Mailing Address						- 1 JOOTTOOL LIB TOEKT OTETL OOTIE BETIT OOTET OOTET BETIT TOOTET BETIT TOOTET BETIT TOOTET					
25 2ND ST N				25 2ND ST N											
ST PETERSBURG FL 33701				ST PETERSBURG FL 33701											
										3. Date Incorporated or Qualified 3a. Date of Last F 08/03/1994 04/25/19					
		ace of Business	2a. Mailing Address					4. FEI Number			1	Applied For			
21				526 Central Avenue					59-3259634				Not Applicable		
_	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of	Status Desired	П	\$8.7	5 Additional			
22	22 Suite 200 City & State			27 Suite 200							L.J	Fee	Required		
22	23 St. Petersburg, FL			City & State 28 St. Petersburg, FL			'		npaign Financing)0 May Be			
23]	Zip Country			Zip Country				Trust Fund C				ed to Fees			
24	7 22701 - 100				2000			'	 this corpora Florida Statu 	tion has liability	tor intangibl∈ Yes	tax under s	199.032,		
		9. Name and Add							10. Name and Address of New Registered Agent						
						81	Τ	Name		••		ii negotore	a rigonit		
	HERETIC	K, Kenneth W				<u> </u>	<u>.</u>	(00 D. 1)							
	25 2ND 9		82 Street Add 526 C				dress I Cent	dress (P.O. Box Number is Not Acceptable) entral Avenue							
	ST PETE	RSBURG FL 33701	83 Suite												
							_								
l						84		St. I	Pete	rsburg		F	8 5 ₹	ip Code 3701	
11	. Pursuant t	o the provisions of Sec	ctions 607.0502 ar	nd 607.1508, Florida Stat	tutes, the	e above-i	nai	med corr	occation	o cultomite this of	atement for the		bosola a lia		
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.														d agent. I am	
SIGNATURE															
Signature, typico or printed name of registered agos it and title if applicacio (NOTE: Registered Agos) signature required when reinstating) DATE															
12			DIRECTORS						ADDITIONS/	CHANGES TO C	DEFICERS A	ND DIRECTO	ORS IN 12		
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NA	OF OUR OT U		NEIH W			1.2 NAME									
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	Y-ST-ZIP	0	3 FL 33/01			1.4 CITY - S	ST - 2	ZIP							
TITI		PARKER, JEFFRI	EV	☐ DELETE		2 1 TITLE							K Change	Addition	
NA	AF AND AT U					2.2 NAME		Ì	E26 Oantus		_		000		
	OT DETERORUBO EL COTO								226	Central	Avenue,	Suite	200		
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NAN	-	Bursik, Peter	- Bettert									K Change	Addition		
	REET ADDRESS	25 2ND ST N			3.2 NAME	т .,	Donese	526	Central	Arranua	Cuite	200			
	CITY-ST-ZIP ST PETERSBURG FL 33701					3.4 City-St-Zip		JZ0	Central	Avenue,	Suite	200			
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NAM	VIE				- 1	4.2 NAME							C) Auguste		
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	Y-ST-ZIP					4.4 CITY - S									
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STR	EET ADDRESS				- 1	53 STREET	AD	DORESS							
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STR	EET ADDRESS					63 STREET	AD	DDRESS							
	Y - ST - ZIP					6.4 CITY - S	1 - 2	ZIP_							
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 inclinated on this annual report properties and accurate and that my signature shall have the same legal effect as if made under the information inclinated 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.													tes. I further f made under		
	appears in	Block 12 or Block 13	io or the corporat if changed, or on a	ion or the receiver or trus attachment with an ad	stee emp Idress.	owered 1	to 1	execute 1	this rep	ort as required:	by Chapter 607,	, Florida Stat	utes; and th	at my name	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Peter D. Bursik, Executive Vice President

96

813-823-1230

CR2E034 (12/95)

Daytime Phone if