

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90211 038 \*\*\*150.00

0139082

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P95000067661**

1. Corporation Name  
**VECTOR PRODUCTS, INC.**



Principal Place of Business  
 3003 GREENE ST  
 HOLLYWOOD FL 33020  
 US

Mailing Address  
 3003 GREENE ST  
 HOLLYWOOD FL 33020  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22  
 23 City & State  
 24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified  
**08/31/1995**

4. FEI Number  
**65-0604609**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing  **\$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

10. Name and Address of New Registered Agent

~~JASLOW, CRAIG A~~  
~~9351 FONTAINEBLEAU BLVD., STE. D-307~~  
~~MIAMI FL 33172~~

81 Name **GARY GERSON**

82 Street Address (P.O. Box Number is Not Acceptable)  
**NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.**

83 **1645 PALM BEACH LAKES BLVD., #1200**

84 City **WEST PALM BEACH** 85 Zip Code **FL 33401**

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] DATE **4/27/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	KRIEGER, MICHAEL	
STREET ADDRESS	3003 GREENE ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRIEGER, RICHARD	
STREET ADDRESS	3003 GREENE ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAMPBELL, JANICE	
STREET ADDRESS	3003 GREENE ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KRIEGER, MAX	
1.3 STREET ADDRESS	3003 GREENE ST	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAND, GREG	
2.3 STREET ADDRESS	3003 GREENE ST	
2.4 CITY-ST-ZIP	HOLLYWOOD, FLA	
3.1 TITLE	S, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAMPBELL, JANICE	
3.3 STREET ADDRESS	3003 GREENE ST	
3.4 CITY-ST-ZIP	HOLLYWOOD, FL	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	POPOVIC, MILAN	
4.3 STREET ADDRESS	3003 GREENE ST	
4.4 CITY-ST-ZIP	HOLLYWOOD, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE **4/26/99** (954) 923-1155

SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)