

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073813 (4)

1. Corporation Name

VECTOR USA, INC.



Principal Place of Business

5228 STATE RD 54
NEW PORT RICHEY FL 34652

Mailing Address

5228 STATE RD 54
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified
09/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3342093

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSMITH, LYNNE
5201 LAGOS CT
NEW PORT RICHEY FL 34655

81 Name

John Denicola

82

Street Address (P.O. Box Number is Not Acceptable)
7725 Ilex Drive

83

84

City
Port Richey

FL

85 Zip Code
34668

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

John Denicola

John Denicola

5/19/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME GOODROW, THOMAS G
STREET ADDRESS 5228 STATE RD 54
CITY-ST-ZIP NEW PORT RICHEY FL 34652

1.1 TITLE D/P... ☒ Change ☐ Add on
1.2 NAME John Denicola
1.3 STREET ADDRESS 7725 Ilex Drive
1.4 CITY-ST-ZIP Port Richey FL 34668

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE D/V ☐ Change ☒ Addition
2.2 NAME Thomas G. Goodrow
2.3 STREET ADDRESS 9824 Didrikson Drive
2.4 CITY-ST-ZIP New Port Richey FL 34655

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D/S/T ☐ Change ☒ Addition
3.2 NAME Lynne Goldsmith
3.3 STREET ADDRESS 5201 Lagos Ct.
3.4 CITY-ST-ZIP New Port Richey FL 34655

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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, 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:

John Denicola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Denicola

3/19/96

813/817-0966
Date/Time/Phone #

CR2E034 (12/95)