


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State


DOCUMENT # P97000106462

1. Entity Name
VERTEX GROUP, INC.



Principal Place of Business ROBERT ZELINKA, VERTEX GROUP INC. 15919 LAUREL CREEK DR DELRAY BEACH, FL 33446	Mailing Address ROBERT ZELINKA, VERTEX GROUP INC. 15919 LAUREL CREEK DR DELRAY BEACH, FL 33446
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

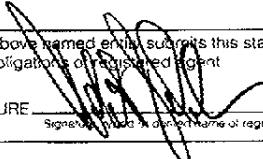
4. FEI Number 65-0806050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZELINKA, ROBERT
 VERTEX GROUP INC
 15919 LAUREL CREEK DR
 DELRAY BEACH, FL 33446**

DO NOT WRITE IN THIS SPACE

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE  DATE **4/6/04**

Signature must be in dark ink of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

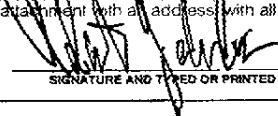
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZELINKA, ROBERT VERTEX GRP INC, 15919 LAUREL CREEK DR DELRAY BEACH, FL 33446
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 04/08/04-80020-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with all addresses with all other like empowered.

SIGNATURE:  **ROBERT ZELINKA** DATE **4/6/04** Daytime Phone # **561 638 6461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR