

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 # 692804 (8)

1. Corporation Name

CARLTON WILBERT VAULTS, INC



Principal Place of Business

13399 NW 113 AVE ROAD  
MIAMI FL 33178

Mailing Address

P.O. BOX 4117  
HIALEAH FL 33014

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1981

3a. Date of Last Report

02/17/1995

4. FEI Number

59-2112812

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

10. Name and Address of New Registered Agent

HICKS, DANIEL  
13399 N. W. 113TH AVE RD  
MIAMI FL 33178

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

|                |                   |                                            |
|----------------|-------------------|--------------------------------------------|
| TITLE          | CEO               | <input checked="" type="checkbox"/> DELETE |
| NAME           | HICKS, KENNETH J. |                                            |
| STREET ADDRESS | 4837 KITTIWAKE CT |                                            |
| CITY-STATE-ZIP | BOYNTON BEACH FL  |                                            |
| TITLE          | STD               | <input checked="" type="checkbox"/> DELETE |
| NAME           | HICKS, RUTH       |                                            |
| STREET ADDRESS | 4837 KITTIWAKE CT |                                            |
| CITY-STATE-ZIP | BOYNTON BEACH FL  |                                            |
| TITLE          | PVS               | <input type="checkbox"/> DELETE            |
| NAME           | HICKS, DANIEL J.  |                                            |
| STREET ADDRESS | 20521 SW 50 PLACE |                                            |
| CITY-STATE-ZIP | FT. LAUDERDALE FL |                                            |
| TITLE          |                   | <input type="checkbox"/> DELETE            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-STATE-ZIP |                   |                                            |
| TITLE          |                   | <input type="checkbox"/> DELETE            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-STATE-ZIP |                   |                                            |
| TITLE          |                   | <input type="checkbox"/> DELETE            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-STATE-ZIP |                   |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                                                   |
|--------------------|---------------------------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| 1.2 NAME           |                                                                                                   |
| 1.3 STREET ADDRESS |                                                                                                   |
| 1.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| 2.1 TITLE          |                                                                                                   |
| 2.2 NAME           |                                                                                                   |
| 2.3 STREET ADDRESS |                                                                                                   |
| 2.4 CITY-STATE-ZIP |                                                                                                   |
| 3.1 TITLE          | President, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                                                   |
| 3.3 STREET ADDRESS |                                                                                                   |
| 3.4 CITY-STATE-ZIP |                                                                                                   |
| 4.1 TITLE          | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| 4.2 NAME           | Hatfield, Stephen                                                                                 |
| 4.3 STREET ADDRESS |                                                                                                   |
| 4.4 CITY-STATE-ZIP |                                                                                                   |
| 5.1 TITLE          | Treas. <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| 5.2 NAME           | Constance Hicks                                                                                   |
| 5.3 STREET ADDRESS | 20521 SW 50 Place                                                                                 |
| 5.4 CITY-STATE-ZIP | Ft. Lauderdale, Fl.                                                                               |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| 6.2 NAME           |                                                                                                   |
| 6.3 STREET ADDRESS |                                                                                                   |
| 6.4 CITY-STATE-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 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 as an attachment with an address.

SIGNATURE:

Daniel J Hicks

PRESIDENT

1-22-96

305-556-5402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing Name

CR2E034 (12/95)