

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 # M12296 (3)

1. Corporation Name

THE VAULT, INC.



Principal Place of Business

Mailing Address

~~% MELVYN GREENSPAHN~~
18861 BISCAYNE BLVD
N. MIAMI BEACH FL 33180-2839

~~% MELVYN GREENSPAHN~~
18861 BISCAYNE BLVD
N. MIAMI BEACH FL 33180-2839

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
03/07/1985

3a. Date of Last Report
03/15/1995

4. FEI Number
59-2042353

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GREENSPAHN, MELVYN~~
~~3550 BISCAYNE BLVD.~~
~~SUITE 701~~
~~MIAMI FL 33137~~

81 Name Ronald D. ROSE

82 Street Address (P.O. Box Number is Not Acceptable)
18861 BISCAYNE BLVD.

83

84 City N. MIAMI Bch FL 85 Zip Code 33180

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, 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 appointment of, Section 607.0505, Florida Statutes.

SIGNATURE *Ronald D. Rose*

(If Officer or Registered Agent's signature is required when filing this report)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSE, RONALD D.
STREET ADDRESS 18861 BISCAYNE BLVD.
CITY-ST-ZIP NO. MIAMI BCH. FL ☐ DELETE

TITLE VD
NAME GREENSPAHN, LEA
STREET ADDRESS 290 BAL BAY DR.
CITY-ST-ZIP BAL HARBOR FL ☐ DELETE

TITLE STD
NAME ROSE, AMY B.
STREET ADDRESS 18861 BISCAYNE BLVD.
CITY-ST-ZIP NO. MIAMI BCH. FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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 on an attachment with an address.

SIGNATURE: *Ronald D. Rose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD ROSE PRES

4/24/96 305-948-2052

CR2E034 (12/95)