**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$5.00 **PROFIT** Apr 08 1998 8:00am FLORIDA DEPARTMENT STATE CORPORATION Sandra B. Morth ANNUAL REPORT Secretary of Stat Secretary of State 1998 DIVISION OF CORPORA IONS DOCUMENT # M12296 (3) THE VAULT, INC. Principal Place of Business Mailing Address 18864 BISCAYNE BLVD 18861 BISCAYNE BLVD N. MIAMI BEACH FL 33180-2839 N. MIAMI BEACH FL 33180-2839 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1985 2. Principal Place of Business 2a. Mailing Address Applied For 59-2042353 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Coultry Country Ζip 8. This corporation owes or has paid the current year Intangible Yes 25 29 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROSE, RONALD D. 18861 BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) **NORTH MIAMI BEACH FL 3310** City 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, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE ROSE, RONALD D. 1.2 NAME CR2E034 NAME 18861 BISCAYNE BLVD. 1.3 STREET ADDRESS STREET ADDRESS NO. MIAMI BCH. FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 THTLE TITLE VD GREENSPAHN, LEA 2.2 NAME NAME STREET ADDRESS 290 BAL BAY DR. 2.3 STREET ADDRESS **BAL HARBOR FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME ROSE, AMY B. 18861 BISCAYNE BLVD. STREET ADDRESS 3.3 STREET ADDRESS NO. MIAMI BCH. FL 3.4. CITY-\$T-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-2IP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 54 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP 14. hereby certify that the information supplied with this filling 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 13 if chapter of on an attachment with an address.

SIGNATURE:

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