

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F26509

(2)

1. Corporation Name

GEORGE VAIL, INC.



Principal Place of Business

6185 NW 24TH WAY  
BOCA RATON FL 33496

Mailing Address

% RICHARD G. GREENWALT, CPA  
1761 W. HILLSBORO BLVD., STE. 403  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

21 6185 NW 24 WAY

22 Suite, Apt. #, etc.

23 City & State  
BOCA RATON, FL.

24 Zip  
33496

25 Country  
U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc. *SKMB*

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/24/1981

3a. Date of Last Report

12/21/1995

4. FEI Number

59-2103404

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

VAIL, GEORGE  
6185 NW 24TH WAY  
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name

VAIL, George

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

6185 NW 24 WAY

83

84 City

BOCA RATON

FL

85 Zip

33496

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

4-19-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
VAIL, GEORGE  
STREET ADDRESS  
6185 NW 24TH WAY  
CITY - ST - ZIP  
BOCA RATON FL 33496

TITLE ☐ DELETE

NAME  
VAIL, CYNTHIA  
STREET ADDRESS  
6185 NW 24TH WAY  
CITY - ST - ZIP  
BOCA RATON FL 33496

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George R. Vail

4-19-96

407-997-5777

CR2E034 (12/95)