

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 # J02452

(7)

1. Corporation Name

VENDORS OUTLETS, INC.



Principal Place of Business

% GEORGE GAHAN  
8966 BELVEDERE ROAD  
WEST PALM BEACH FL 33411

Mailing Address

% GEORGE GAHAN  
8966 BELVEDERE ROAD  
WEST PALM BEACH FL 33411

3. Date Incorporated or Qualified  
03/03/1986

3a. Date of Last Report  
07/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2637990

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

25

29

30

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

GAHAN, GEORGE  
8966 BELVEDERE ROAD  
WEST PALM BEACH FL 33411

81 Name Sharon Gahan

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

83 8966 Belvedere Road

84 City W.P.B.

FL

85 Zip Code 33411

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 Sharon Gahan

Signature typed or printed name of registered agent at the of applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GAHAN, GEORGE ☒ DELETE  
STREET ADDRESS 8966 BELVEDERE ROAD  
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Sharon Gahan  
1.3 STREET ADDRESS 8966 Belvedere Road  
1.4 CITY-ST-ZIP W.P.B., FL. 33411

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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: Sharon Gahan, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

Date

1-800-881-8363

Daytime Phone #

CR2E034 (12/95)