

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 # P93000071186 (9)

1. Corporation Name

VAM, INC.



Principal Place of Business \*

1645 PALM BCH. LAKES BLVD.  
STE. 420  
WEST PALM BEACH FL 33401  
US

Mailing Address

1645 PALM BCH. LAKES BLVD.  
STE. 420  
WEST PALM BEACH FL 33401  
US

3. Date Incorporated or Qualified  
10/13/1993

3a. Date of Last Report  
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 3300 PGA BLVD

26 3300 PGA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 620

27 STE 620

City & State

City & State

23 PALM BEACH GARDENS FL

28 PALM BEACH GARDENS FL

Zip

Country

Zip

Country

24 33410-2811

25 USA

29 33410-2811

30 USA

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

COWIE, PETER V  
1645 PALM BCH. LAKES BLVD.  
STE. 420  
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
3300 PGA BLVD STE 620

83

84 City

PALM BEACH GARDENS

FL

85 Zip Code

33410-2811

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSTD ☐ DELETE  
NAME MCINTOSH, ROBERT A  
STREET ADDRESS 1645 PALM BEACH LAKES BLVD., SUITE 420  
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 3300 PGA BLVD STE 620  
1.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410-2811

TITLE PRD ☐ DELETE  
NAME COWIE, PETER V  
STREET ADDRESS 1645 PALM BEACH LAKES BLVD., SUITE 420  
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 3300 PGA BLVD STE 620  
2.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410-2811

TITLE D ☐ DELETE  
NAME MIKKELSON, WILLIAM M  
STREET ADDRESS 310 WEST CENTRAL PARKWAY, SUITE 7000  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)