FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 21 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P96000050870 (0) DOCUMENT # THE VAULT GROUP II, INC. Principal Place of Business Mailing Address 200 LAURA STREET P.O. BOX 240 JACKSONVILLE FL 32201 THIRD FLOOR JACKSONVILLE FL 32202 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1996 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 21 59-3403989 Not Applicable 26 Suite, Apl #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name ALLEN, LAURA HENRY 1301 RIVERPLACE BLVD Street Address (P.O. Box Number is Not Acceptable) STE 2552 83 JACKSONVILLE FL 32207 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 title it applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE ALLEN, LAURA HENRY CR2E034 NAME 1.2 NAME 1301 RIVERPLACE BLVD STE 2552 1.3 STREET ADDRESS STREET ADDRESS 32707 JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ALLEN, JOHN J 2.2 NAME NAME 1301 RIVERPLACE BLVD STE 2552 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32207 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 31 TITLE Change TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY - ST - ZIP Addition DELETE Change 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-2IP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS

14. Thereby certify that the information supplied with this filing 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 corporations may certify by the same legal effect as if made under oath; that I am an officer or director of the corporations may certify by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or one attackment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

John J. Allen

4/1/98

924)391-0008

Change

Addition

FILED