

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

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90023 013 \*\*\*550.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F97000000203**

1. Corporation Name  
**VINTEN INC.**



Principal Place of Business  
**709 EXECUTIVE BLVD.  
VALLEY COTTAGE NY 10989**

Mailing Address  
**709 EXECUTIVE BLVD.  
VALLEY COTTAGE NY 10989**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/13/1997**

4. FEI Number

**11-2800192**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$3.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

23

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81 Name

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

83

84 City

**FL**

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 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWENK, KEN	1.2 NAME	
STREET ADDRESS	709 EXECUTIVE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALLEY COTTAGE NY 10989	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISCITELLI, NICHOLAS	2.2 NAME	
STREET ADDRESS	709 EXECUTIVE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALLEY COTTAGE NY 10989	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTELL, MICHAEL L	3.2 NAME	
STREET ADDRESS	521 5TH AVE., 22ND FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10175	3.4 CITY-ST-ZIP	
TITLE	VDC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGGOTT, MALCOLM A	4.2 NAME	
STREET ADDRESS	21 LONDON END, THE MALT HOUSE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEACONSFIELD BUCKINGHAMSHIRE	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*