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 # **P95000055057 (0)**

1. Corporation Name

VINCE ELECTRIC INC.

Principal Place of Business	Mailing Address
9122 S. FEDERAL HIGHWAY SUITE 282 PORT ST LUCIE FL 34952	9122 S. FEDERAL HIGHWAY SUITE 282 PORT ST LUCIE FL 34952

3. Date Incorporated or Qualified: **07/17/1995**

3a. Date of Last Report:

4. FEI Number: 650590618 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DELLACROCE, ADELA
3457 S.E HART CIRCLE
PORT ST. LUCIE FL 34984

10. Name and Address of New Registered Agent

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 (Must be signed by current or new Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	DELLACROCE, ADELA		12 NAME
STREET ADDRESS	3457 S.E. HART CIRCLE		13 STREET ADDRESS
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		14 CITY-ST-ZIP
TITLE	D	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	DELLACROCE, VINCENT		22 NAME
STREET ADDRESS	3457 S.E. HART CIRCLE		23 STREET ADDRESS
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		24 CITY-ST-ZIP
TITLE		☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is true and accurate. Each limited liability company is not qualified 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 added in connection with an address change.

SIGNATURE: VINCENT DELLACROCE 2-22-96 (407)336-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)