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FILED  
Jun 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S60148

(1)

1. Corporation Name

VINTAGE INDUSTRIES, INC.

Principal Place of Business

781 BIG TREE DRIVE  
LONGWOOD FL 32750  
US

Mailing Address

781 BIG TREE DRIVE  
LONGWOOD FL 32750  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1991

4. FEI Number

59-3090272

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WELZBACHER, MARK F.  
781 BIG TREE DRIVE  
LONGWOOD FL 32750

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

Signature, typed or printed name of registered agent (omit title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME VALLONE, JOSEPH R  
STREET ADDRESS 202 SWEETWATER CREEK DRIVE, W.  
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE VD  
NAME VALLONE, RUSSELL C.  
STREET ADDRESS 1601 TORRINGTON CIR  
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE SDV  
NAME WELZBACHER, MARK F.  
STREET ADDRESS 310 SILVER PINE DR  
CITY-ST-ZIP LAKE MARY FL

☐ DELETE

TITLE DV  
NAME BYRON, DAVID E.  
STREET ADDRESS 585 QUEENS MIRROR CIR.  
CITY-ST-ZIP CASSELBERRY FL

☒ DELETE

TITLE TDV  
NAME VALLONE, JAMES C.  
STREET ADDRESS 185 CITATION CT.  
CITY-ST-ZIP LAKE MARY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)