FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # V41085 (4)

1. Corporate Name
MICHELE VINCENT INC.

Principal Place of Business	Mailing Address
1075 BORKEN SOUND PARKWAY ~~13 E 12TH STREET~~ BOCA RATON FL 33487-3524 US	116 WELSH RD. ~~12 E 12TH STREET~~ HORSHAM PA 19044 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 291 PARK of Commerce	26 116 WELSH Rd.
Suite, Apt. #, etc. 22 B114	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON Fl.	City & State 28 HORSHAM PA
Zip 24 33487 County 25	Zip 29 19044 Country 30 US

3. Date Incorporated or Qualified: 06/04/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0338580 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PICCIONE, VINCENT E
STREET ADDRESS	116 WELSH RD.
CITY-ST-ZIP	HORSHAM PA
TITLE	SD
NAME	PICCIONE, MICHELE
STREET ADDRESS	116 WELSH RD.
CITY-ST-ZIP	HORSHAM PA
TITLE	C
NAME	TAYLOR, LEWIS E
STREET ADDRESS	116 WELSH RD.
CITY-ST-ZIP	HORSHAM PA
TITLE	AC
NAME	WELTZ, JOESPH F
STREET ADDRESS	116 WELSH RD.
CITY-ST-ZIP	HORSHAM PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; blank)

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)(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.

SIGNATURE: Lewis E. Taylor 4/27/95 215-657-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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