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Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90004 002 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V41085

1. Corporation Name
MICHELE VINCENT INC.

Principal Place of Business
**791 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US**

Mailing Address
**116 WELSH RD
HORSHAM PA 19044
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1992

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **5401 N.W. Broken Sound**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 100**

27

City & State

City & State

23 **Boca Raton FL**

28

Zip

Country

Zip

Country

24 **33487**

25 **US**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PICCIONE, VINCENT E
791 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487**

81 Name

Piccione, Vincent E.

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

5401 N.W. Broken Sound Blvd.

83

Suite 100

84

Boca Raton

FL

85 Zip Code
33487

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]

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** ☐ DELETE
NAME **PICCIONE, VINCENT E**
STREET ADDRESS **116 WELSH RD.**
CITY-ST-ZIP **HORSHAM PA**

1.1 TITLE **Asst. Controller** ☐ Change ☒ Addition
1.2 NAME **Joseph Weltz**
1.3 STREET ADDRESS **116 Welsh Road**
1.4 CITY-ST-ZIP **Horsham, PA 19044**

TITLE **SD** ☐ DELETE
NAME **PICCIONE, MICHELE**
STREET ADDRESS **116 WELSH RD.**
CITY-ST-ZIP **HORSHAM PA**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH WELTZ, V.P. FINANCE
ALFRED ANGELO, INC.

5/14/99

215-654-5300

Date

Daytime Phone #

CR2E034 (11/98)