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Jun 24, 1999 8:00 am  
Secretary of State

06-24-1999 90004 004 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # V50766

1. Corporation Name

BRIDAL PLACEMENTS OF BOCA INC.

Principal Place of Business

791 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US

Mailing Address

791 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1992

4. FEI Number

65-0351207

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

21 5401 N.W. Broken Sound

2a. Mailing Address

26 5401 N.W. Broken Sound

Suite, Apt. #, etc.

22 Suite 100

Suite, Apt. #, etc.

27 Suite 100

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip Country

24 33487 25 USA

Zip Country

29 33487 30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Piccione, Vincent E.

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

5401 Broken Sound Blvd.

83

Suite 100

84 City

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

TITLE ☐ DELETE

NAME PD

STREET ADDRESS PICCIONE, VINCENT E

CITY-ST-ZIP 116 WELSH RD.

HORSHAM PA

TITLE ☐ DELETE

NAME SD

STREET ADDRESS PICCIONE, MICHELE

CITY-ST-ZIP 116 WELSH RD.

HORSHAM PA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* JOSEPH WELTZ, V.P. FINANCE  
ALFRED ANGELO, INC

5/14/99

Date

215-659-5300

Daytime Phone #

CR2E034 (11/98)

0363891