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FILED
Apr 17 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 # P95000063657 (7)

1. Corporation Name
ACCENT INVESTMENTS, INC.

Principal Place of Business	Mailing Address
ACCENT INVEST- MENTS, INC. PO BOX 6392 OCALA FL 34478 US	ACCENT INVESTMENTS, INC. PO BOX 6392 OCALA FL 34478 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1995

2. Principal Place of Business
21 ACCENT INVESTMENTS, INC.
Suite, Apt. #, etc.
22 P.O. BOX 6392
City & State
23 OCALA, FL
Zip 24 34478-6392 Country 25 USA

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

4. FEI Number: 59-3338958 ☐ 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

9. Name and Address of Current Registered Agent

ROTZ, VICTOR CHARLES
8899 SE 17 CT.
OCALA FL 34480

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ROTZ, VICTOR		1.2 NAME	ROTZ, VICTOR CHARLES	
STREET ADDRESS	PO BOX 6392		1.3 STREET ADDRESS	P.O. BOX 6392	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	OCALA, FL 34478-6392	
TITLE	PD	☒ DELETE	2.1 TITLE	SECRETARY/TREASURER	☒ Change ☐ Addition
NAME	ROTZ, DOUGLAS C		2.2 NAME	ROTZ, DOUGLAS CHARLES	
STREET ADDRESS	PO BOX 6392		2.3 STREET ADDRESS	P.O. BOX 6392	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	OCALA, FL 34478-6392	
TITLE	VPD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROTZ, DOUGLAS CHARLE		3.2 NAME		
STREET ADDRESS	PO BOX 6392		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	ROTZ, RANDY CHARLES		4.2 NAME	ROTZ, RANDAL AUSTIN	
STREET ADDRESS	PO BOX 6392		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ 352-732-3222