


NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90004 033 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S21520 Corporation Name ACCENT INTERNATIONAL MARKETING, INC.		



Principal Place of Business 30 S TAMIAHI TRAIL STE 207 SARASOTA FL 34231 INCORRECT	Mailing Address 7350 S TAMIAHI TRAIL SUITE 207 SARASOTA FL 34231 US Incorrect
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1990	
4. FEI Number 59-0234349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business 8499 S. Tamiami Trail Suite, Apt. #, etc. -243- City & State Sarasota FL Zip 34238	2a. Mailing Address 8499 S. Tamiami Trail Suite, Apt. #, etc. 243 City & State Sarasota FL Zip 34238
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9. Name and Address of Current Registered Agent HERRON, LINDA L 7350 S TAMIAHI TRAIL SUITE 207 SARASOTA FL 34231 8499 S. Tamiami Trail #243 Sarasota, FL 34238
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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
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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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
OFFICERS AND DIRECTORS		
1. NAME DPS HERRON, LINDA L 7350 S TAMIAHI TRAIL SARASOTA FL 34231 INCORRECT	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input type="checkbox"/> DELETE	1.1 TITLE 8499 S. Tamiami Trail #243 Sarasota, FL 34238
3. NAME	<input type="checkbox"/> DELETE	1.2 NAME
4. NAME	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
5. NAME	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
6. NAME	<input type="checkbox"/> DELETE	2.1 TITLE
7. NAME	<input type="checkbox"/> DELETE	2.2 NAME
8. NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
9. NAME	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
10. NAME	<input type="checkbox"/> DELETE	3.1 TITLE
11. NAME	<input type="checkbox"/> DELETE	3.2 NAME
12. NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
13. NAME	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
14. NAME	<input type="checkbox"/> DELETE	4.1 TITLE
15. NAME	<input type="checkbox"/> DELETE	4.2 NAME
16. NAME	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
17. NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
18. NAME	<input type="checkbox"/> DELETE	5.1 TITLE
19. NAME	<input type="checkbox"/> DELETE	5.2 NAME
20. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
21. NAME	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
22. NAME	<input type="checkbox"/> DELETE	6.1 TITLE
23. NAME	<input type="checkbox"/> DELETE	6.2 NAME
24. NAME	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
25. NAME	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

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: *[Signature]* **REQUIRED** **8/11/99 (941) 918-1415**

CR2E034 (5/99)