

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 506228
1. Corporation Name
ACCESSORIES BY ROBERTS, INC.

(6)



Principal Place of Business
1490 SOUTH DIXIE HIGHWAY EAST
POMPANO BEACH FL 33060

Mailing Address
1490 SOUTH DIXIE HIGHWAY EAST
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1976	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1688276	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARKHURST, ARTHUR B ESQ 335 CORAL WAY FT LAUDERDALE, FL 33301		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

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	PO POPIEL, ROBERT F	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	740 S FEDERAL HWY., #502	12 NAME	Route 3, Box 3313
STREET ADDRESS	POMPANO BCH, FL 00000	13 STREET ADDRESS	Ft. White, FL 32038
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	D POPIEL, SUSAN A.	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	740 S FEDERAL HWY., #502	22 NAME	Route 3, Box 3313
STREET ADDRESS	POMPANO BEACH FL	23 STREET ADDRESS	Ft. White, Florida 32038
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	ST POPIEL, SUSAN A.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	740 S FEDERAL HWY., #502	32 NAME	
STREET ADDRESS	POMPANO BEACH FL	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE:

[Signature]

2/19/98 (954) 282-2875

CR2E034 (10/97)