

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 507839

(9)

1. Corporation Name

ACCENT TRAVEL, INC.

Principal Place of Business

7043 WEST BROWARD BLVD.
PLANTATION FL 33317

Mailing Address

7043 WEST BROWARD BLVD.
PLANTATION FL 33317

FILED

95 JAN 25 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/26/1976		01/19/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-1687207		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

WEITZ & SCHWARTZ, P.A.
3500 N. STATE ROAD 7, SUITE 3500
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1.1 TITLE	☐ Change ☐ Addition
NAME	KILMER, CARL	1.2 NAME	
STREET ADDRESS	114 WIMBLEDON LK DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	KILMER, DOROTHY	2.2 NAME	
STREET ADDRESS	114 WIMBLEDON LAKE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL 00000	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL R. KILMER

1/18/95

305-792-5900