

# F03000000 332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

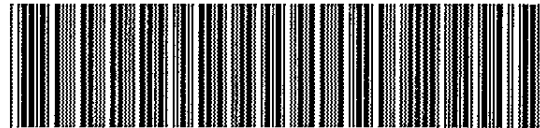
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACCENT ANNEX ENTERPRISES, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DARIA DRURY

(Name of Person)

ACCENT ANNEX ENTERPRISES, INC.

(Firm/Company)

1420 SAMS AVE., SUITE F

(Address)

HARAHAN, LA 70123

(City/State and Zip code)

For further information concerning this matter, please call:

DARIA DRURY

(Name of Person)

at ( 504 ) 733-4700 X250

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. ACCENT ANNEX ENTERPRISES, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. LOUISIANA 3. 72-0897620  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 27, 1980 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1701B N 20TH STREET, TAMPA, FL 33605  
(Principal office address)  
1701B N 20TH STREET, TAMPA, FL 33605  
(Current mailing address)
8. RETAIL SPECIALTY MERCHANDISE  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: CHRIS CENTANNI JR  
Office Address: 1701B N 20TH STREET  
TAMPA, Florida 33605  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C. P. Centanni Jr

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: DOMINIC J CARLONE SR.

Address: 3549 RIDGEWAY DRIVE

METAIRIE, LA 70002-1953

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: DOMINIC J CARLONE SR

Address: 3549 RIDGEWAY DRIVE

METAIRIE, LA 70002-1953

Vice President:

Address:

Secretary: PATRICIA C. MARTINEZ

Address: 4221 CALIFORNIA DRIVE, KENNER, LA 70065

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DOMINIC J CARLONE, PRESIDENT

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA  
**State of Louisiana**

**Jox McKeithen**  
SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*  
the Articles of Incorporation of

ACCENT ANNEX ENTERPRISES, INC.

Domiciled at HARAHAN, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation  
was issued on July 28, 1980,

I further certify that no Certificate of Dissolution has  
been issued.

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TALLAHASSEE, FLORIDA

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*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,*

January 10, 2003

*Jox McKeithen*

ABA 33113660D

*Secretary of State*

