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

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

0256940

DOCUMENT # **F50857**

1. Corporation Name
**PRIMO ACCESSORIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 9115 N.W. 105TH CIRCLE<br>MEDLEY FL 33178 | 9115 N.W. 105TH CIRCLE<br>MEDLEY FL 33178 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

3. Date Incorporated or Qualified
**10/23/1981**

4. FEI Number
**59-2255671** [ ] 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 the current year Intangible Personal Property Tax [X] Yes [ ] No

9. Name and Address of Current Registered Agent

**SILVERMAN, STEVEN**
**7000 SW 62ND AVE**
**PENTHOUSE B**
**S MIAMI FL 33143**

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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Required if agent is changing) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | [ ] DELETE | 11 TITLE | [ ] Change [ ] Addition |
| NAME | HARTWELL, JOHN | | 12 NAME | |
| STREET ADDRESS | 6208 NW 194 STREET | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 14 CITY-ST-ZIP | |
| TITLE | STD | [ ] DELETE | 21 TITLE | [ ] Change [ ] Addition |
| NAME | LINDA HARTWELL | | 22 NAME | |
| STREET ADDRESS | 6208 NW 194 STREET | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 24 CITY-ST-ZIP | |
| TITLE | D | [ ] DELETE | 31 TITLE | [ ] Change [ ] Addition |
| NAME | SMITH, WILLIAM | | 32 NAME | |
| STREET ADDRESS | 14301 CANVASBACK DRIVE | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | CHARLOTTE N | | 34 CITY-ST-ZIP | |
| TITLE | D | [ ] DELETE | 41 TITLE | [ ] Change [ ] Addition |
| NAME | SMITH, DELPHINE | | 42 NAME | |
| STREET ADDRESS | 19055 NW 62ND AVENUE, #112 | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 44 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 51 TITLE | [ ] Change [ ] Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 61 TITLE | [ ] Change [ ] Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

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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, with all other like empowered.

**SIGNATURE:** Linda Hartwell Treas LINDA HARTWELL, TREAS 4-15-99 305-885-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #