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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400003178 (0)

ACCORD DISTRIBUTORS U.S.A., INC.

Principal Place of Business	Mailing Address
7431-34 WEST ATLANTIC AVE.	7431-34 WEST ATLANTIC AVE.

## FILED Apr 15 1998 8:00am Secretary of State



DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 Not Applicable <u>95-4449137</u> Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RIMER, MORRIS 7431-34 WEST ATLANTIC AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33446** 83 84 City Zip Code 85 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME RIMER, MORRIS 1.2 NAME STREET ADDRESS 7431-34 WEST ATLANTIC AVE. 1.3 STREET ADDRESS CITY-ST-ZIF **DELRAY BEACH FL 33446** 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change RIMER JOYCE NAME 2.2 NAME 7431-34 West ATLAMIC AUE. STREET ADDRESS 2.3 STREET ADDRESS DELARY BEACH FL 33446 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6.4 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

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