


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

FILED

Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90029 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F98000006777**

1. Corporation Name
SOUTHERN ACCENTS, INC.



Principal Place of Business 2100 LAKESHORE DR. BIRMINGHAM AL 35209	Mailing Address 2100 LAKESHORE DR. BIRMINGHAM AL 35209
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 12/14/1998
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 63-0916496	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	CP	ANGELILLO, TOM	2100 LAKESHORE DR. BIRMINGHAM AL 35209	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	CV	KELLER, JEANETTA	2100 LAKESHORE DR. BIRMINGHAM AL 35209	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	D	CAREY, WILLIAM R JR.	2100 LAKESHORE DR. BIRMINGHAM AL 35209	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	AS	REILLY, SALLY S	2100 LAKESHORE DR. BIRMINGHAM AL 35209	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	T	LARSON, BRUCE	2100 LAKESHORE DR. BIRMINGHAM AL 35209	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)