, 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000004928**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

FASHION ACCESSORIES, LTD. INCORPORATED

Principal Place of Business	Mailing Address				
== JOHNSON FERRY ROAD. J-90 _::A GA 30068	1230 JOHNSON FERRY ROAD. J-30 MARIETTA GA 30068-2058				
2. Principal Place of Business	3. Mailing Address				

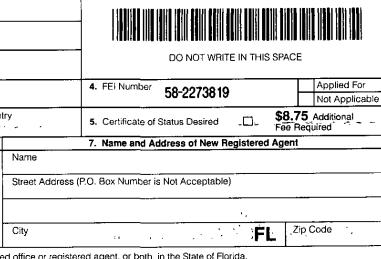
6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90124 007 ***150.00



C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
PLAN	ITATION FL 33324	·						
			City			FL	,Zip Code	e '.
8. The above	named entity submits this statement for the	purpose of changing its re	gistered office or re	egistered age	ent, or both, in the State	of Florida.	<u> </u>	
		•						
SIGNATURE.	Signature, typed or printed name of registered agent and lift	le if applicable (NOTE. R	egistered Agent signature	required when rei	instating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!! After MAY 1, 200		!! FEE IS \$150.00 00 Fee will be \$550.00 le to Department of State		10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
11.	OFFICERS AND DIRE	ECTORS	12.	AD	DITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEIN, ROBERT 1230 JOHNSON FERRY ROAD, J-30 MARIETTA GA 30068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOVENIAS, VICTOR 1230 JOHNSON FERRY ROAD, J-30 MARIETTA GA 30068	☐ Delete	TITLE NAME STREET ADDRESS = - CITY-ST-ZIP		The state of the s		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KLEIN, CINDY 1230 JOHNSON FERRY ROAD, J-30 MARIETTA GA 30068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		110.07(2\/i) Elecido Sto		☐ Change	☐ Addition

Country

Name

13. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or flustee em changed, or on an attachment with an actress. 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 that reportlis 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 tustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if a stories, with all other like empowered.

SIGNATURE:

CR2E034 (9/99)