

-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

DOCUMENT # H06972

1. Corporation Name

ACRYLIC ACCESSORIES, INC.

Principal Place of Business

4637 TAMiami TR. N.
NAPLES FL 33940
US

Mailing Address

STANLEY A. McDONALD
4099 TAMiami TRAIL NORTH, SUITE 307
NAPLES FL 33940

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90043 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1984

4. FEI Number

59-2414658

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. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 2430 Shadowlawn Dr #12

23 City & State
Naples, FL

24 Zip Country
34112

2a. Mailing Address

26 Suite, Apt. #, etc.

27 2430 Shadowlawn Dr #12

28 City & State
Naples, FL

29 Zip Country
34112

9. Name and Address of Current Registered Agent

MCDONALD, STANLEY A.
4099 TAMiami TRAIL NORTH
SUITE 307
NAPLES FL 39401

10. Name and Address of New Registered Agent

81 Name

McDonald, Stanley A.

82 Street Address (P.O. Box Number is Not Acceptable)

2430 Shadowlawn Dr #12

83

84 City

Naples

FL

85 Zip Code

34112

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

Stanley A. McDonald

April 21, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE
NAME STERN, F. MARIE
STREET ADDRESS 4637 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL

TITLE AS ☐ DELETE
NAME MCDONALD, STANLEY A.
STREET ADDRESS 4099 TAMiami TR. N. #307
CITY-ST-ZIP NAPLES FL

TITLE VPD ☐ DELETE
NAME STERN, ROBERT
STREET ADDRESS 4637 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2430 Shadowlawn Dr #12
2.4 CITY-ST-ZIP Naples, FL 34112

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Stanley A. McDonald AS 4-21-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)