

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 07, 1999 8:00 am
Secretary of State

07-07-1999 90013 016 ***150.00

DOCUMENT # **H72022** ✓

EXECUTIVE ACCESSORIES, INC.

Principal Place of Business

% LEDFORD A. PARNELL, JR.
5546 W. OAKLAND PK BLVD. S-200
FORT LAUDERDALE FL 33313

Mailing Address

1072 NW 53RD ST
~~1072 NW 53RD ST~~
FORT LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1985

4. FEI Number

59-2594915

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. ☐ Yes ☒ No

Principal Place of Business

2a. Mailing Address

26 **1072 NW 53 ST**

Suite/Apt. #, etc.

27 Suite/Apt. #, etc.

City & State

28 City & State

FT LAUDERDALE, FL

Zip

Country

29 Zip

33309

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARNELL, LEDFORD A., JR.
5546 W. OAKLAND PK. BLVD.
S-200
FORT LAUDERDALE FL 33313

81 Name

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

83

84 City

FL

85 Zip Code

1. 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: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	DECKER, SIDNEY
STREET ADDRESS	2122 N.W. 91ST LANE
CITY-STATE-ZIP	CORAL SPRINGS FL
TITLE	T <input type="checkbox"/> DELETE
NAME	DECKER, DIANE
STREET ADDRESS	2122 N.W. 91ST LANE
CITY-STATE-ZIP	CORAL SPRINGS FL
TITLE	S <input type="checkbox"/> DELETE
NAME	DECKER, NATALIE
STREET ADDRESS	2122 NW 91ST LN
CITY-STATE-ZIP	COAL SPRINGS FL 33071
TITLE	T <input type="checkbox"/> DELETE
NAME	DECKER, TIMOTHY
STREET ADDRESS	2122 NW 91ST LN
CITY-STATE-ZIP	CORAL SPRINGS FL 33071
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

4. 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.

SIGNATURE:

Diane Decker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE DECKER

6/30/99 (954) 493-9262
Date Daytime Phone #

CR2E034 (5/99)

EXECUTIVE ACCESSORIES, INC.

Overhaul and Repair • Aircraft Engine Accessories
FAA APPROVED REPAIR STATION NO. RL4R496M

472022

582630-90013 !!

JUNE 30, 1999

DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

TODAY I RECEIVED THE CORP ANNUAL REPORT PACKET WHICH SAID
"2nd NOTICE". HOWEVER I NEVER RECEIVED THE FIRST NOTICE.
I CALLED THE (850) 488-9000 NUMBER AND WAS INFORMED BY
GRACE W. TO WRITE THIS LETTER AND SEND THE NORMAL FEE.

SINCERELY,



DIANE DECKER, VP