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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # J44305

ACCENT ARTS OF FLORIDA, INC.

(7)

SECRETARY OF STATE TALLAHASSEE FLORIDA

THE PARTY CALL

97 APR 29 AM 9: 07

Principal Place of Business Malling Address 4154 SO. 3RD ST. 4154 SO. 3RD ST. JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL					2250-5833					
							3. Date Incorporated or Qualified 10/31/1986		nte of Last R	•
2. Principal I	Place of Business	2a. Ma	iling Address				4. FEI Number		Ar	plied For
21		26					59-2822757	···		t Applicable
Suite, Apt	#, etc	<u> </u>	ite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Fee Re	
City & Sta		27 Cit	y & State			·····	6. Election Campaign Financing			
[23]	1.0	28	y a olate				Trust Fund Contribution	П	\$5.00 Added	
Z(p)	Country	Zq	)	Coun	try		8. This corporation has liability for	intangible		
24	25	29		30				] Yes [		
	9. Name and Address of Cu	rrent Registere	d Agent				10. Name and Address of New Re	gistered /	Agent	
	itrastate registered age	ent corpor/	ATION	1	81 Nar	ne				
	01 BRICKELL AVENUE			<b>E</b>	92 Stre	et Addre	ess (P.O. Box Number is Not Accepted	ole)		<del></del>
	UITE 3000			ļ.						
M	IIAMI FL 33131				83					
				18	B4 City	,		FL	<b>85</b> Zip	Code
11. Pursuant office or agent. I	tho the provisions of Sections 607, registered agent, or both, in the 3 am familiar with, and accept the 6 section to the familiar with and accept the 6 section to the familiar with a familiar with a familiar with the familiar w	bligations of, Se	ection 607.0505, Fl	lorida Statu	tes.		oration submits this statement for the pon's board of directors. I hereby accepted when renstating)	ourpose of of the app	changing i ointment as	s registered registered
12.		AND DIRECTO		13.	Apeni sign	HILL BULLE	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
1/118	D		DELETE	1.1 TOTA	.E				Change	Addition
NAME	MIER, CHRISTOPHER V			1.2 NAM	<b>AE</b>	į				
STREET ADDRESS		<b>T</b>		1.3 STA	EET ADDRE	ss				
C(1Y - S1 - 7)P	JACKSONVILLE FL			1.4 C(T)	Y-ST-71P					
THE			DELETE	2 1 TITL	.ŧ				Change	Addition
NAME				22 NAM		- [				
STREET ADDRESS				22 510						
CHY-\$1-Z02					EET ADDRE	88	· ·			
TIFLE			Driete	2. 4 CIT	Y-ST-ZIP		*	1 = 7	<del>9</del> 70	
NAMi		·	DELETE	2. 4 C/T 3.1 T(TL	Y-ST-ZIP	SS Print (§ 7	000002	1 <b>57</b> /970	<b>R</b> 70-	o 14 Adolhor
Francis America			DELETE	2. 4 CFT 3.1 TFTL 3.2 NAM	Y-ST-ZIP E		000002 -04/29/ *****	1 <b>57</b> /970 (5.00	9770 1020 ****1	014 <sup>Adoll</sup> ior 65.00
STREET ADDRESS			DELETE	2. 4 C/T 3.1 T/T/L 3.2 NAM 3.3 STR	Y-ST-ZIP E ME ME MODRE		000002 -04/29/ ****16	1 <b>57</b> /970 (5.00	97.0 1020- ****1	0 14 <sup>Adoll</sup> or 65.00
City - St - ZiP				2. 4 C/T 3.1 T/TL 3.2 NAM 3.3 STR 3.4 C/T	Y-ST-ZIP LE ADDRE LEET ADDRE Y-ST-ZIP		000002 -04/29/ *****16	1 <b>5 7</b> /970 5.00	*****	<b>55.</b> 00
CHY-SI-ZIP TIFLE			DELETE  DELETE	2. 4 C/T 3.1 T/TL 3.2 NAM 3.3 STR 3.4 C/T 4.1 T/TL	Y-ST-ZIP  E  AE  EET AODRE  Y-ST-ZIP  E		000002 -04/29/ *****18	1 <b>5 7</b> /970 \$5.00	<b>9 0. □ 0 0 0 0 0 0 0 0 0 0</b>	O 14 Addition
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CITY - ST. ZIP THEF NAME STREET ADDRESS CITY - ST. ZIP THEE NAME			DELETE	2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITI 5.1 TITL 5.2 NAM	Y-ST-ZIP  AE  AE  AE  AE  AE  AE  AE  AE  AE  A	SS SS	000002: -04/29/ 	157 /970 /5.00	Change	Addition
CITY-ST-ZIP THUF NAME STREET ADDRESS CITY-ST-ZIP THUE NAME STREET ADDRESS			DELETE	2. 4 CHT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CHT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CHT 5.1 TITL 5.2 NAM 5.3 STR	Y-ST-ZIP  AE  AE  Y-ST-ZIP  E  EET ADDRE  Y-ST-ZIP  E  AE  AE  AE  AE  AE  AE  AE  AE  AE	SS SS	000002 -04/29/ *****16	157 /970 /5.00	Change	Addition
CITY - ST. ZIP THEF NAME STREET ADDRESS CITY - ST. ZIP THEE NAME			DELETE	2. 4 CHT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CHT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CHT 5.1 TITL 5.2 NAM 5.3 STR	Y-ST-ZIP  AE  Y-ST-ZIP  E  ME  EET ADDRE  Y-ST-ZIP  E  AE  AE  SEET ADDRE  Y-ST-ZIP  AE  AE  SEET ADDRE  Y-ST-ZIP	SS SS	000002: -04/29/ ****16	157 /970 /5.00	Change	Addition
CITY-SL-ZIP THEF NAME STREET ADDRESS CITY-SL-ZIP THEE NAME STREET ADDRESS CITY-SL-ZIP			DELETE DELETE	2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITL 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITL	Y-ST-ZIP  EEET ADDRE  ME  ME  EEET ADDRE  Y-ST-ZIP  E  ME  EEET ADDRE  Y-ST-ZIP  E  EEET ADDRE  Y-ST-ZIP  E  EEET ADDRE	SS SS	000002: -04/29/ 	157 /970 /5.00	☐ Change	Addition

14. I do 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 certify that the arm 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 1 ton an after by lent with an address.

**SIGNATURE:** 

SIGNATURE AND TYPE