FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

~~1996~~ 97

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 30 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J44720 (7)

1. Corporation Name
CUSTOM ACCESSORIES, INCORPORATED

Principal Place of Business	Mailing Address
3811 N DIXIE HWY POMPANO BCH. FL 33064	3811 N DIXIE HWY POMPANO BCH. FL 33064

3. Date Incorporated or Qualified: 12/02/1986
3a. Date of Last Report: 05/01/1995

Principal Place of Business	2a. Mailing Address
21 3911 N.E. 27th Ave.	26 3911 N.E. 27th Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lighthouse Point, FL	City & State 28 Lighthouse Point, FL
Zip / Country 24 33064 / 25	Zip / Country 29 33064 / 30

4. FEI Number: 59-2753258 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KIRSCHBAUM, JOEL L.
315 S.E. 7TH ST.
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	JAKOBOWSKI, STEPHEN F.	1.2 NAME	
STREET ADDRESS	3811 N DIXIE HWY	1.3 STREET ADDRESS	3911 N.E. 27th Ave.
CITY-ST-ZIP	POMPANO BCH. FL	1.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	300002164393--4
STREET ADDRESS		2.3 STREET ADDRESS	-05/02/97--01132--019
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	JBS 1-97

I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Stephen F. Jakobowski 4/25/97 954/781-9638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Stephen F. Jakobowski