FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K18471** **(8)**

1. Corporation Name

ACCENT ON ACCESSORIES, INC.

Principal Place of Business	Mailing Address
~~3450 EMERALD POINT DR.~~ ~~206 B~~ ~~HOLLYWOOD FL 33021~~ ~~US~~	3389 SHERIDAN ST. 159 HOLLYWOOD FL 33021 US

3. Date Incorporated or Qualified: 03/18/1988	3a. Date of Last Report: 04/27/1995
4. FEI Number: 65-0050845	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 4330 HILLCREST DR.	26
22 Suite, Apt. #, etc. APT #104	27 Suite, Apt. #, etc.
23 City & State HOLLYWOOD, FL	28 City & State
24 Zip 33021 25 Country USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

LAWSON, SANTA CASAGRANDE
~~3450 EMERALD POINT DR~~
~~ATP 206 B~~
~~HOLLYWOOD FL 33021~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 4330 HILLCREST DR ~~HOLLYWOOD~~

83 APT #104

84 City HOLLYWOOD FL 85 Zip Code 33021

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 _____ (If Ch. Registered Agent Signature Required Where Applicable) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAWSON, SANTA CASAGRANDE		1.2 NAME	
STREET ADDRESS	3389 SHERIDAN ST #159		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAWSON, SANTA CASAGRANDE		2.2 NAME	
STREET ADDRESS	3389 SHERIDAN ST #159		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	
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	

14. 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: Santa Casagrande Lawson, Pres. 5/24/96 305-987-2176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SANTA CASA GRANDE LAWSON PRES.

CR2E034 (12/95)