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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09631

(7)

ACCENT SIGNS, INC.

## FILED Jan 30 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address				- 1 400/(04) 04: 00/(0 (01) 01/0 4/(0) 4/(0) 4/(0)		1 01011 1001
335 AIRPORT ROAD N		335 AIRPORT RD N			\$	T state gradu = 1 T state taking a		
135 EDGEMERE WAY S		135 EDGEMERE WAY S		DO NOT WRITE IN T	'HIS SPACE			
NAPLES FL 33942 US		NAPLES FL 33942 US		3. Date incorporated or Qualified	170 017102	<del></del>		
00		00				08/15/1989		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21		26				65-0138291	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27				5. Certificate of Status Desired	Fee Ro	equired
City & State		City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added	
Zip	Country	— ·	Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25 9. Name and Address of Curr	29 29 Acest	30			Personal Property Tax due June 30.  10. Name and Address of New Register  10. Personal Property Tax due June 30.		7 140
1475		ont negistered Agent		81	Name	To. Hallo did Addidas di Hall Hogista		
	ATHERLY, JAMES O.							
135 EDGEMERE WAY S NAPLES FL 33999				82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
NAI	PLES FL 33999			83				<del></del>
				84	City		85 Zip	Code
				377	•			
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida St	tatutes, the	above	-named corpo	ration submits this statement for the purpoint's board of directors. I hereby accept the	se of changing it	ts registered registered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505	5, Florida Sta	atutes	. are corporation	in a board of directors. Thereby accept the	appointment do	1091010100
SIGNATURE							ATÉ	
	Signature, typed or printed name of registered	aneot and title if anniloable.						
40	OFFICE DO A	T Grant Total	(NOTE: Register		nt signature required			RS IN 12
12.		AND DIRECTORS	13		in signature requires	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	D	T Grant Total	13	TITLE	it signature requires			
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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 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 ap Block 12 or Block 13 if shanged, or on an attachment with an address.

SIGNATURE:

WAX ON WORK WHEN

1-26-98

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