

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL-REPORT 1998		FLORIDA DEPARTMENT OF STATE, Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006210 (8)
 1. Corporation Name
ACCESSORIES RESOURCE TEAM I, INC.



Principal Place of Business 6800 34TH AVE. NORTH ST. PETERSBURG FL 33710	Mailing Address 6800 34TH AVE. NORTH ST. PETERSBURG FL 33710
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3. Date Incorporated or Qualified 12/20/1994		
4. FEI Number 59-3287834	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LIGHT, NATURAL
 HARVEY HOLLINGSWORTH
 P O BOX 16449
 PANAMA CITY FL 32406**

10. Name and Address of New Registered Agent

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

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSSER, HERB	1.2 NAME	
STREET ADDRESS	90 SWAYNE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS TN	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MARY	2.2 NAME	TAYLOR, MARY
STREET ADDRESS	9118 ROCKBROOK	2.3 STREET ADDRESS	2007 ROYAL LANE, SUITE 190
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	DALLAS TX 75229
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, HENRY A	3.2 NAME	
STREET ADDRESS	18880 KENYA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHRIDGE CA	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBRAITH, ALAN	4.2 NAME	GALBRAITH, ALAN
STREET ADDRESS	7215 W 20TH AVE	4.3 STREET ADDRESS	7711 E. PLEASANT VALLEY DRIVE
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	CLEVELAND OH 44131
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCH, STEVE	5.2 NAME	
STREET ADDRESS	4300 N KNOX AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLINGSWORTH, HARVEY	6.2 NAME	HOLLINGSWORTH, HARVEY
STREET ADDRESS	P O BOX 16449	6.3 STREET ADDRESS	PO BOX 16449 N/A
CITY-ST-ZIP	PANAMA CITY FL	6.4 CITY-ST-ZIP	PANAMA CITY FL 32406 N/A

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **818 764 3231**