

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006210

1. Corporation Name

ACCESSORIES RESOURCE TEAM I, INC.

Principal Place of Business

**6600 34TH AVE. NORTH
ST. PETERSBURG FL 33710**

Mailing Address

**6600 34TH AVE. NORTH
ST. PETERSBURG FL 33710**

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90007 013 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date Incorporated or Qualified

12/20/1994

4. FEI Number

59-3287834

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

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
D
KOSSER, HERB
STREET ADDRESS
90 SWAYNE DR
CITY-ST-ZIP
PARIS TN**

TITLE ☐ DELETE

**NAME
C
TAYLOR, MARY
STREET ADDRESS
2007 ROYAL LANE, SUITE 190
CITY-ST-ZIP
DALLAS TX 75229**

TITLE ☐ DELETE

**NAME
TD
GOLDMAN, HENRY A
STREET ADDRESS
18680 KENYA ROAD
CITY-ST-ZIP
NORTHBRIDGE CA**

TITLE ☐ DELETE

**NAME
P
GALBRAITH, ALAN
STREET ADDRESS
7711 E PLEASANT VALLEY DR
CITY-ST-ZIP
CLEVELAND OH 44131**

TITLE ☐ DELETE

**NAME
VD
HIRSCH, STEVE
STREET ADDRESS
4300 N KNOX AVE
CITY-ST-ZIP
CHICAGO IL**

TITLE ☐ DELETE

**NAME
D
HOLLINGSWORTH, HARVEY
STREET ADDRESS
P O BOX 16449
CITY-ST-ZIP
PANAMA CITY FL 32406**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

704376-4278

Daytime Phone #

CR2E037 (11/98)