FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027115 (3)

ULTIMATE ACCENTS & ACCESSORIES, INC.

Principal Address	Mailing Address
4930 8TH AVE SOUTH GULFPORT FL 33707	4930 8TH AVE SOUTH GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 04/12/1993	3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-3171990	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 activity for chapter 607 Florida Statutes: ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRIDGES, SCOTT 4930 ITH AVE SO GULFPORT FL 33707	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 Section 607.0501 and 607.1008, 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 607.0501, Florida Statutes.

SIGNATURE: Scott Bridges 5/5/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
D BRIDGES, SCOTT 4930 8TH AVE S GULFPORT FL 33707	☐ Change ☐ Addition
D BRIDGES, MITCHELL T 4930 8TH AVE S GULFPORT FL 33707	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.0501, 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 added to the report with an address.

SIGNATURE: Scott Bridges 5/5/95 (813) 323-2441

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0307074 CP