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 # P93000027115 (3)

1. Corporation Name

ULTIMATE ACCENTS & ACCESSORIES, INC.

Principal Place of Business
~~4930 8TH AVE SOUTH~~
~~GULFPORT FL 33707~~

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

3. Date Incorporated or Qualified: 04/12/1993
3a. Date of Last Report: 05/10/1995

2. Principal Place of Business
21 1718 - 80th Street North
22 Suite, Apt. #, etc
23 City & State: St. Petersburg, FL
24 Zip: 33710
25 Country: USA

2a. Mailing Address
26 1718 - 80th Street North
27 Suite, Apt. #, etc.
28 City & State: St. Petersburg, FL
29 Zip: 33710
30 Country: USA

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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRIDGES, SCOTT
4930 ITH AVE SO
GULFPORT FL 33707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1718 - 80th Street North
83 St. Pete
84 City: FL
85 Zip Code: 33710

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature: typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BRIDGES, SCOTT	
STREET ADDRESS	4930 8TH AVE S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	☐ DELETE
NAME	BRIDGES, MITCHELL T	
STREET ADDRESS	4930 8TH AVE S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Scott Bridges Pres.	☐ Change ☐ Addition
1.2 NAME	1718 - 80th Street North	
1.3 STREET ADDRESS	St. Pete, FL 33710	
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice-Pres.	☐ Change ☐ Addition
2.2 NAME	Mitchell T. Bridges	
2.3 STREET ADDRESS	6 - Gruemoore Terrace	
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: _____ 5/17/96 (813) 3412291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)