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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 28, 1999 8:00 am Secretary of State 04-28-1999 90008 050 ***150.00

DOCUMENT # **P93000044008**1. Corporat on Name

ACCESSORIES PLUS OF SOUTH FLORIDA, INC.

Principal Plac	e of Business	Mailing Address			·	1881981 18 18188 11		01:1	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
360 Horse of Naples FL 34 Us	BEEK DR. #105 110	360 HORSE CREEK DR. #105 NAPLES FL 34110 US			DO NOT WRITE IN THIS SPACE				
				_	06/2	ncorporated or 0 2/1993	Qualifed		
2. Principal P	Place of Business	2a. Mailing Address 26 5550	Shir	ley St	4. FEI N	u nber 4 17729			Applied For Not Applicable
Suite, Apt.	#, etc. 50 Shirky St.	Suite, Apt. #, etc.	u s) 411 0	5. Certifo	cate of Status De	sired 🗆		Additional Required
City & Stat	0 kg P1 34/09	City & State	3	4109		o i Campaign Fin Fund Contributio	-		0 May Be d to Fees
Zip 24	Country (Sollier	Zip 29	30 Cour	illia	Perso	crporation owes nal Property Tax		Yes	INO
	9. Name and Add ess of Curren	t Registered Agent		nal 1:	10. Name	and Address of	f New Register	red Agent	
DIII	ICE DADDADA CUELTO		l'	81 Name					
BUNCE, BARBARA SHELTO 360 HORSE CREEK RD. #105				82 Street Acdress (P.O. Box Number is Not Acceptable)					
NAP	LES FL 34110			83					
				84 City			F	85 Zi	p C ode
office cr	to the provisions of Sections 607.050; registered agent, or both, in the State of familiar with, and accept the obligate BALSALA SHE Consideration or printed name of registered agent.	cf Florida, Such change was tions of, Section 607.0505, Fl	authorized Iorida Statui	by the corpor tes.	ration's board of	clirectors. I herel	by accept the at	7 - 9 9	reg stered
12.		DIRECTORS	13.		ADDIT	ONS/CHANGES	TO OFFICERS	AND DIREC	TORS IN 12
TITLE	P	☐ DELETE	1.1 TITL	.E	Barbaro	Shea	ON BU	o'ø □ Chang	e
NAME	BUNCE, BARBARA SHELTO		1.2 NAA	AE ,		16 in law	P4.	cha	17 AAcres
STREET ADDRESS	360 HORSE CREEK DR. #105				~~~~~~	D (C (PP) \sim			Caco
CITY-ST-ZIP	NAPLES FL 34110		1.3 S1R	REET ADDRESS	5550 U	mirien C	4 .(100	<i></i>	adden
TITLE				REET ADDRESS	1550 J Napte	_ Re	34109		
	Anton Ibella	Bunce DELETE		Y-ST-ZIP	1350 J Napre	_R	34109	☐ Chang	
NAME	Barbara Shellows	Bunce DELETE	14 CIT	Y-ST-ZIP	1550 J Napre	K. K.	34109		
	Barbara Shellow	Bunce DELETE	2.1 TITE 2.2 NAM	Y-ST-ZIP	1350 J Naple	<u> A</u>	3 4109		
NAME	Barbara Shellow	K & H	1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	1350 J Naple	A A	3 4109	☐ Chang	e Addition
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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 pertify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signa ure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: (

STREET ADDRESS

94/5/43735