

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

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90008 050 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000044008

1. Corporation Name

ACCESSORIES PLUS OF SOUTH FLORIDA, INC.



Principal Place of Business

360 HORSE CREEK DR. #105  
NAPLES FL 34110  
US

Mailing Address

360 HORSE CREEK DR. #105  
NAPLES FL 34110  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1993

4. FEI Number

65-0417729

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 ~~360 Horse Creek~~

Suite, Apt. #, etc.

22 5550 Shirley St.

City & State

23 Naples FL 34109

Zip

Country

24 Collier

2a. Mailing Address

26 5550 Shirley St.

Suite, Apt. #, etc.

27 Naples FL 34109

City & State

28 Naples FL 34109

Zip

Country

29 Collier

9. Name and Address of Current Registered Agent

BUNCE, BARBARA SHELTON  
360 HORSE CREEK RD. #105  
NAPLES FL 34110

10. Name and Address of New Registered Agent

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 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 BARBARA SHELTON BUNCE Barbara Shelton Bunce

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

(NOT a Registered Agent signature required when reinstating)

3-1-99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P  
NAME BUNCE, BARBARA SHELTON  
STREET ADDRESS 360 HORSE CREEK DR. #105  
CITY-ST-ZIP NAPLES FL 34110

TITLE Barbara Shelton Bunce ☐ DELETE

NAME Barbara Shelton Bunce

STREET ADDRESS 360 Horse Creek Dr #105

CITY-ST-ZIP Naples FL 34109

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

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

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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 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, with all other like empowered

SIGNATURE: Barbara Shelton Bunce  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99 941 514 3735  
Date Daytime Phone #

CR2E034 (11/98)