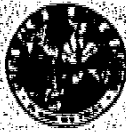


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 11:09

DOCUMENT # P93000052025 (2)

1. Corporation Name

ALTERNATIVE ACCENTS, INC.

Principal Place of Business

**937 SW 9TH AVE
BOCA RATON FL 33486**

Mailing Address

**937 SW 9TH AVE
BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/19/1993

3a. Date of Last Report

08/18/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

65-0426397

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

City & State

23

Zip

Country

24

City & State

27

Zip

Country

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAVENDER, NORRYENE
210 SE 10TH ST
POMPANO BEACH FL 33060**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

**D
GAVENDER, NORRYENE
210 SE 10TH ST
POMPANO BEACH FL 33060**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

**D
GARVIN, JEAN R
937 SW 97TH AVE
BOCA RATON FL 33486**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

**D
GARVIN, JEAN R
937 SW 97TH AVE
BOCA RATON FL 33486**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

**D
GARVIN, JEAN R
937 SW 97TH AVE
BOCA RATON FL 33486**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

**D
GARVIN, JEAN R
937 SW 97TH AVE
BOCA RATON FL 33486**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

**D
GARVIN, JEAN R
937 SW 97TH AVE
BOCA RATON FL 33486**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

**D
GARVIN, JEAN R
937 SW 97TH AVE
BOCA RATON FL 33486**

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

**D
GARVIN, JEAN R
937 SW 97TH AVE
BOCA RATON FL 33486**

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

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GARVIN, JEAN R
937 SW 97TH AVE
BOCA RATON FL 33486**

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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10.1 TITLE
10.2 NAME
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☐ Change ☐ Addition

TITLE
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BOCA RATON FL 33486**

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
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☐ Change ☐ Addition

TITLE
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BOCA RATON FL 33486**

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

**D
GARVIN, JEAN R
937 SW 97TH AVE
BOCA RATON FL 33486**

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

Norrene Gavender
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95
DATE