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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Prace of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070809 (7)

WESTERN ACCESSORIES BY JEANIE & J.R., INC.

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



2. Principal Place of Business	Yes No Istered Agent
Suite, Apt. #, etc. Scripticate of Status Desired Suite, Apt. #, etc. Suite, Apt. #, etc	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees tangible as under s. 199.032, Yes No stered Agent
Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees tangible as under s. 199.032, Yes 10 No stered Agent
City & State City & State City & State Country Zip Country Zip Country Zip Country Signature and Address of Current Registered Agent ELEGHTY, EMMA J 661 E. SEMINOLA BLVD. CASSELBERRY FL 32707 11. Fursionit to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the puricificae or registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept agent. I am lamiliar with, and accept the obligations of. Section 607,0505. Florida Statutes SIGNATURE PST LEIGHTY, EMMA J Street Address (P.O. Box Number is Not Acceptable) Registered Agent agent and site Lappenable (NOTE Registered Agent agent agent required when renstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER HITE PST LEIGHTY, EMMA J SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	Fee Required \$5.00 May Be Added to Fees tangible arx under s. 199.032, Yes 10 No Istered Agent
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pure 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 collegations of Sections 607.0505, Florida Statutes. SIGNATURE Signature, byred or protect came of registered agent and bite if appricable (NOTE: Registered Agent segnature required when renstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER NAME LEIGHTY, EMMA J SIRRELEDIBLES GRY ST. Zeit CASSELBERRY FL DELETE 1.1 TITLE SIGNATURE CASSELBERRY FL DELETE 2.1 TITLE TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE	Yes No Istered Agent
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12.	the appointment as registered
DELETE	DATE TRS AND DIRECTORS IN 12
NAME	Change Addition
STRICET ADDRESS 681 E. SEMINOLA BLVD. 13 STREET ADDRESS	-
THE V DELETE 2.1 TITLE	
	Change Addition
HAME LEIGHTY, JOHN R 22 NAME	
STHELL ADDRESS. 661 E. SEMINOLA BLVD. 23 STREET ADDRESS	
CLIVESTEZIP CASSELBERRY FL 2 4 CLIVESTEZIP	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CHY-ST-ZIP 3.4. CITY-ST-ZIP	
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TOLE DELETE 61 TITLE	Change Addition
NAME 6.2 NAME	
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(dr-S'-7P' 64 CITY-SI-7IP	

14. I do 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 other 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;

JEAN TYPEO OR PRINTED NAME OF BIGNING OFFICER OR AF

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