

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

**FILED**

**Feb 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000001905 (6)**  
1. Corporation Name  
**ACCENT MARKETING ASSOCIATES INC.**



Principal Place of Business <b>5360 NW 55 BLVD. STE. 9 206 COCONUT CREEK FL 33073 US</b>	Mailing Address <b>P.O. BOX 8971 CORAL SPRINGS FL 33075 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1721 CORSICA DRIVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1721 CORSICA DRIVE</b> Suite, Apt. #, etc.
City & State 23 <b>WELLINGTON, FLA.</b>	City & State 28 <b>WELLINGTON, FLA.</b>
Zip 24 <b>33914</b>	Country 25 <b>USA</b>
Country 29 <b>USA</b>	Zip 30 <b>33914</b>

3. Date Incorporated or Qualified <b>01/04/1994</b>	
4. FEI Number <b>65-0464097</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**RAMOS, SALVADOR  
5360 NW 55 BLVD  
9-206  
COCONUT CREEK FL 33073**

10. Name and Address of New Registered Agent

81 Name <b>SALVADOR RAMOS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1721 CORSICA DRIVE</b>
83
84 City <b>WELLINGTON</b>
85 Zip Code <b>FL 33414</b>

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 607.0507, Florida Statutes.

SIGNATURE **SALVADOR RAMOS** (Signature typed or printed name of registered agent and title if applicable)  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)  
DATE **2-11-98**

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>RAMOS, SALVADOR</b>	
STREET ADDRESS <b>5360 NW 55 BLVD. # 9206</b>	
CITY-ST-ZIP <b>COCONUT CREEK FL 33073</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>RAMOS, MONICA M</b>	
STREET ADDRESS <b>5360 NW 55 BLVD. #9206</b>	
CITY-ST-ZIP <b>COCONUT CREEK FL 33073</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Ramos, Salvador</b>	
1.3 STREET ADDRESS <b>1721 CORSICA DRIVE</b>	
1.4 CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>	
2.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>MONICA M. RAMOS</b>	
2.3 STREET ADDRESS <b>1721 CORSICA DRIVE</b>	
2.4 CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE **SALVADOR RAMOS** (Signature typed or printed name of registered agent and title if applicable)  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)  
DATE **2-11-98**

CR2E034 (10/97)