## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400001905

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90094 013 \*\*\*150.00

ACCENT MARKETING ASSOCIATES INC.						* .			
Principal Plac	on of Business	Mailing Address				;			
1721 CORICA		1721 CORSICA DR				\$	•		
STE. 9 206 WELLINGTON FL 33414					1				
WELLINGOTN FL 33414 US						DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualife	d		
						≟01/04/1 <del>994</del>			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0464097		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	5. Certificate of Status Desired		\$8.75	
22		27			1	1 . v			equired. ~
City & State City & State					6. Election Campaign Financin	9 🗆	\$5.00		
23		28		<del></del>		Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Coun	ry		8. This corporation owes the cu	ırrent year ir		_
24	25	29	30			Personal Property Tax.		∐Yes	□No
<u> </u>	9. Name and Address of Currer	nt Registered Agent		1 Name		10. Name and Address of New	Registered	Agent	
RAM	IOS, SALVADOR			Name					
	1 CORSICA DR		1	2 Street	Address	(P.O. Box Number is Not Accep	otable)		
9-20			L			1			
	LINGTON FL 33414		[*	3					İ
****	LINGTON I E 35414		1	4 City				85 Zip (	Code
							FI		
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	)2 and 607.1508, Florida Statuti of Florida, Such change was a	es, the about the contract of	ve-named	l corpora	tion submits this statement for the	e purpose o	f changing its	registered
agent La	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statut	98.	oranor c	board of directors: Thereby dee	opi are appe	munom do ro	91010104
-go									
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agei		<del>-i</del>		required wh	en reinstating)	DATE		
SIGNATURE	OFFICERS AN	ID DIRECTORS	13.	gent signature i	required wh	en reinstating) ADDITIONS/CHANGES TO C			
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14. I hereby certify that the information supplied with his 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 angular report of suppliemental 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 congruint of the receipter 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 of the congruint of the congru

SIGNATURE