

2-25-98 B 2485C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Feb 25 1998 8:00am  
Secretary of State

DOCUMENT # P94000013172 (9)

1. Corporation Name

ACCENT BUSINESS SOLUTIONS, INC.



Principal Place of Business

5525 STALLION LAKE DR.  
PALM HARBOR FL 34685

Mailing Address

5525 STALLION LAKE DR.  
PALM HARBOR FL 34685

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/14/1994

4. FEI Number

59-3222966

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BRAZEN, CYNTHIA F  
5525 STALLION LAKE DR.  
PALM HARBOR FL 34685

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

P  
NAME BRAZEN, CYNTHIA F  
STREET ADDRESS 5525 STALLION LAKE DR  
CITY-ST-ZIP PALM HARBOR FL

12 TITLE ☐ DELETE

VPS  
NAME BRAZEN, DAVID C  
STREET ADDRESS 5525 STALLION LAKE DR  
CITY-ST-ZIP PALM HARBOR FL

13 TITLE ☐ DELETE

14 TITLE ☐ DELETE

15 TITLE ☐ DELETE

16 TITLE ☐ DELETE

17 TITLE ☐ DELETE

18 TITLE ☐ DELETE

19 TITLE ☐ DELETE

20 TITLE ☐ DELETE

21 TITLE ☐ DELETE

22 TITLE ☐ DELETE

23 TITLE ☐ DELETE

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25 TITLE ☐ DELETE

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28 TITLE ☐ DELETE

29 TITLE ☐ DELETE

30 TITLE ☐ DELETE

31 TITLE ☐ DELETE

32 TITLE ☐ DELETE

33 TITLE ☐ DELETE

34 TITLE ☐ DELETE

35 TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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: Cynthia Brazen / CYNTHIA BRAZEN

2/18/98 813-786-950

CR2E034 (10/97)