

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000030145 (4)

1. Corporation Name

HOT ACCENTS, INC.



Principal Place of Business

5475 SHIRLEY ST.
SUITE 2
NAPLES FL 33942

Mailing Address

5475 SHIRLEY ST.
SUITE 2
NAPLES FL 33942

3. Date Incorporated or Qualified
04/18/1994

3a. Date of Last Report
06/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0485211

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GODE, LARRY J
5475 SHIRLEY ST.
SUITE 2
NAPLES FL 33942

81

Name

Michael N. Haun, Sr.

82

Street Address (P.O. Box Number is Not Acceptable)

213 MARSEILLE DR.

83

84

City

NAPLES

FL

85 Zip Code

33962

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

Michael N. Haun, Sr.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GODE, LARRY J	
STREET ADDRESS	188 SHARWOOD DR.	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GODE, MARCELENE A	
STREET ADDRESS	188 SHARWOOD DR.	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRENTIS, TIMOTHY P	
STREET ADDRESS	1185A CHERRY STONE CT.	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRENTIS, MERRY F	
STREET ADDRESS	1185A CHERRY STONE CT.	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL N. HAUN, SR.	
1.3 STREET ADDRESS	213 MARSEILLE DR.	
1.4 CITY-ST-ZIP	NAPLES FL 33962	
2.1 TITLE	SEC/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JEANNE M. HAUN	
2.3 STREET ADDRESS	213 MARSEILLE DR.	
2.4 CITY-ST-ZIP	NAPLES, FL 33962	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

Michael N. Haun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

Date

Daytime Phone #

CR2E034 (12/95)