

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 MAY 10 PM 3: 03

DOCUMENT # P94000066491 (9)

1. Corporation Name

ACCENT SHUTTERS & BLINDS II, INC.



Principal Place of Business

6000 GEORGIA AVE.  
#8  
WEST PALM BEACH FL 33406

Mailing Address

6000 GEORGIA AVE.  
#8  
WEST PALM BEACH FL 33406

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

LANGE, WILLIAM J  
6000 GEORGIA AVE.  
#8  
WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified

09/09/1994

3a. Date of Last Report

04/10/1995

4. FET Number

65-0518736

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

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 607.0532 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 then it appears as a

(NOTE: Registered Agent's signature is required when fee is being paid.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME LANGE, WILLIAM J  
STREET ADDRESS 5286 WOODSTONE CIRCLE WEST  
CITY-ST-ZIP LAKE WORTH FL 33462

TITLE D ☒ DELETE  
NAME BAKER, ANDREW M  
STREET ADDRESS 7186 OAKMONT DR.  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D ☐ DELETE  
NAME SINCLAIR, ROBERT L JR.  
STREET ADDRESS 13477 ORCHID CT.  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME WILLIAM J. LANGE  
1.3 STREET ADDRESS 5286 WOODSTONE CIRCLE WEST  
1.4 CITY-ST-ZIP LAKE WORTH, FL 33462

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. SINCLAIR JR. 5-8-96 (407) 588-7974

CR2E034 (12/95)