## 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

## DOCUMENT # P95000008566 (8)

**FILED** Apr 16 1998 8:00am Secretary of State

|  | C ACCENTS, INC.   |  |                        |              |   |   |          |  |  |
|--|---|--|------------------------|--------------|---|---|----------|--|--|
| Principal Place                            | of Business   | Mailing Address  |                        |              | I ADDIED UD ADIE DUN DANK DENN DENN DENN DENN DENN DANG DENN DENN DENN DENN DENN DENN DENN DE |   |          |  |  |
| 1625 20TH ST.<br>VERO BEACH FL 32960<br>US |   | 1625 20TH ST<br>VERO BEACH FL 32980<br>US                              |                        |              | DO NOT WRITE IN THIS SPACE  |   |          |  |  |
|  |   |  |                        |              |   | 3. Date Incorporated or Qualified   |          |  |  |
|  |   |  |                        |              |   | 01/27/1995  | _        |  |  |
| 2. Principal Place of Business             |   | 2a. Mailing Address  |                        |              | 4. FEI Number Applied For   |   |          |  |  |
| Suite, Apt. #, etc.                        |   | Suite, Apt. #, etc.  |                        | ·····        | 65-0563277   Not Applicat   | ж   |          |  |  |
| 22   |   | 27   |                        |              | 5. Certificate of Status Desired Fee Required   |   |          |  |  |
| City & State                               |   | City & State   |                        |              | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees           |   |          |  |  |
| Zip  | Country   | Zip  | Cou                    | ntry         | <del></del>   | 8. This corporation owes or has paid the current year Intangible  | -        |  |  |
| 24   | 25  | <u></u> ⊢¬ ' ⊢   | 30                     | ,            |   | Personal Property Tax due June 30. Yes No   |          |  |  |
|  | g. Name and Address of Curre  | 11   |                        |              |   | 10. Name and Address of New Registered Agent  |          |  |  |
| CROUCH, ROBERT                             |   |  |                        | 81           | Name  |   |          |  |  |
| 1625 20TH ST<br>VERO BEACH FL 32980        |   |  | ŀ                      | 82           | Street Addre  | ress (P.O. Box Number is Not Acceptable)  |          |  |  |
|  |   |  |                        |              |   |   |          |  |  |
|  |   |  |                        | 83           |   |   | ļ        |  |  |
|  |   |  | Ì                      | 84           | City  | FI 85 Zip Code  | $\dashv$ |  |  |
| office or re<br>agent. I ar<br>SIGNATURE   | egistered agent, or both, in the Staten familiar with, and accept the obliq | e of Florida. Such change was au<br>gations of, Section 607.0505, Flor | ithorized<br>ida State | d by<br>utes | the corporatio  | poration submits this statement for the purpose of changing its registers ion's board of directors. I hereby accept the appointment as registered | id<br>I  |  |  |
| 12.  | Signature, typed or printed harrie of registered as<br>OFFICERS AN          | ND DIRECTORS (NOTE   | 13.                    | Ager         | it algnature required   | ad when reinslating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   | _        |  |  |
| TITLE                                      | T   | DELETE   | 1.1 TIT                | ILE          |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   | on       |  |  |
| NAME                                       | CROUCH, DARLENE R   | _  | 1.2 NAME               |              |   |   |          |  |  |
| STREET ADDRESS                             | 1625 20TH ST.   |  | 1.3 STR                |              | ADDRESS   |   |          |  |  |
| CITY-ST-ZIP                                | 1888 8811 81  |  | 1.4 Cil                |              |   |   |          |  |  |
| TITLE                                      |   | DELETE 2.1   |                        |              |   | ☐ Change ☐ Addit  | on       |  |  |
| NAME                                       |   |  | 2.2 NA                 | ME           |   |   |          |  |  |
| STREET ADDRESS                             |   |  | 2.3 ST                 | REET A       | ADDRESS   |   |          |  |  |
| CITY-ST-ZIP                                |   |  | 2.4.0                  | TY-S         | T-ZIP   |   |          |  |  |
| TITLE                                      |   | DELETE 3.1   |                        |              |   | Change Addit  | on       |  |  |
| NAME                                       |   |  | 32 NA                  |              |   |   |          |  |  |
| STREET ADDRESS                             |   |  |                        |              | ADDRESS   |   |          |  |  |
| CITY-ST-ZiP                                | · · · · · · · · · · · · · · · · · · ·                                       | [] DELETE  | 3.4. CITY<br>4.1 TITLE |              | r-ziP   | Change Addit  |          |  |  |
| TITLE<br>  NAME                            |   | C. J Decete  | 4.1 III<br>4.2 N/      |              |   | Change Audit  | OII      |  |  |
| · I  |   |  |                        |              | address   |   |          |  |  |
| STREET ADDRESS CITY-ST-ZIP                 |   |  | 4.4 CI                 |              |   |   |          |  |  |
| TITLE                                      |   | DELETE   | 5.1 TI                 |              | -211  | ☐ Change ☐ Addit  | on       |  |  |
| NAME                                       |   |  | 5.2 NA                 |              |   |   |          |  |  |
| STREET ADDRESS                             |   |  |                        |              | ADORESS   |   |          |  |  |

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.

5.4 CITY - ST- ZIP

**6.3 STREET ADDRESS** 

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

(574) 778 6773

Change

\_\_\_ Addition