

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000044831 (2)

1. Corporation Name

ACCENT DE BARBIZON, INC.



Principal Place of Business

Mailing Address

~~701 SOUTHWEST 33RD PLACE
BOYNTON BEACH FL 33438~~

~~701 SOUTHWEST 33RD PLACE --
BOYNTON BEACH FL 33438~~

new address -

new address

2. Principal Place of Business

2a. Mailing Address

21 400 Gulfstream Blvd 26 400 Gulfstream Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 789 -

27 7-8-9-

City & State

City & State

23 Delray Beach - FL

28 Delray Beach FL

Zip

Country

Zip

Country

24 FL 33444

25 US

29 33444

30 US

3. Date Incorporated or Qualified

3a. Date of Last Report

06/09/1995

4. FEI Number

Applied For
Not Applicable

65-0587836

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

~~CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2625~~

81 Name

ANITA J CASEY

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

400 Gulfstream Blvd # 7-8-9-

83

84 City

Delray Beach

FL

85 Zip Code

33444

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

ANITA J CASEY - president

Anita J Casey

06-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	president	☐ Change ☒ Addition
1.2 NAME	ANITA J CASEY	
1.3 STREET ADDRESS	400 GULFSTREAM Blvd # 789	
1.4 CITY - ST - ZIP	DELRAY-BEACH FL 33444	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anita J Casey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-15-96

561 279 29 84

CR2E034 (3/96)