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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # P96000007723 (5)

1. Corporation Name

CUSTOM DESIGN ACCESSORIES, INC.

Creative Accents and Interiors, Inc.

NC  
1/29/97

Principal Place of Business

242 WILSHIRE PLAZA  
CASSELBERRY FL 32707

Mailing Address

242 WILSHIRE PLAZA  
CASSELBERRY FL 32707

3. Date Incorporated or Qualified

01/22/1996

3a. Date of Last Report

4. FEI Number

59-335425A

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

2. Principal Place of Business

21 7600 Dr. Phillips Blvd.

Suite, Apt. #, etc.

22 #1-16

City & State

23 Orlando FL

Zip

24 32819

Country

25 US

2a. Mailing Address

26 7600 Dr. Phillips Blvd.

Suite, Apt. #, etc.

27 #1-16

City & State

28 Orlando FL

Zip

29 32819

Country

30 US

9. Name and Address of Current Registered Agent

RUBINO, NICHOLAS J ESQUIRE  
159 LOOKOUT PLACE  
SUITE 101  
MAITLAND FL 32751

DAVID COHEN  
KORSHAK AND BEALIEU  
2345 SAND LAKE RD.  
SUITE #120  
ORL FL 32809

10. Name and Address of New Registered Agent

81 Name

DAVID COHEN  
KORSHAK AND BEALIEU

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

2345 SAND LAKE RD. STE #120

83

84 City

ORLANDO

FL

85 Zip Code

32809

11. Pursuant to the provisions of Sections 607.0507 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-03-97

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97

Date

407 370-0717

Daytime Phone

0510257

CR2E034 (9/96)