FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600031019 (8)

ACCENT PORCELAINS OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

FILED Jun 19 1997 8:00am Secretary of State



8967 INDIAN RIVER RUN BOYNTON BEACH FL 33437	8967 INDIAN RIVER RUN BOYNTON BEACH FL 334	37-2447		
			3. Date Incorporated or Qualified 04/04/1996	3a. Date of Last Report
	28. Mailing Address ex Run 26 8967 Inclis	nRiver Ru	4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Beynton Beach	City & State LFL 28 Boynton B	each FL		\$5.00 May Be Added to Fees
24 33437 25 Palm	Bend 20 33437	30 Palm Bea		Yes 🔲 No
BRODEK, JANET L	of Current Registered Agent	81 Name	10. Name and Address of New Regi	stered Agent
8967 INDIAN RIVER RUN		82 Street Add	ress (P.O. Box Number is Not Acceptable	1
BOYNTON BEACH FL 334	37			
		63		
		64 City		FL 85 Zip Code
11. Pursuant to the provisions of Section	ns 607.0502 and 607.1508, Florida Statute n the State of Florida. Such change was a	os, the above-named corp	poration submits this statement for the pur	pose of changing its registered
agent. I am familiar with, and accep	of the obligations of, Section 607.0505, Flo	rida Statules.	tion's board of directors. Thereby accept	ine appointment as registered
SIGNATURE Signature typed or pripled game of	registered agent and title if applicable. (NOTE	Registered Agent signature requi	ind when rejectating	DATE
	ICERS AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICE	
TITLE PRESIDEN	DELETE	11 TITLE	TIDDITIONS/OFF WAYGED TO COTTICE	Change Addition
NAME JANET L.	BRODEK AN RIVER RUN	1.2 NAME		
STREET ADDRESS 8967 INDI	AN RIVER RUN	1.3 STREET ADDRESS		
CITY-ST-ZIP BOYNTON R	3ch FL 33437	1.4 City-St-ZiP		
TITLE	DELETE	21 TITLE		Change Addition
NAME		22 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DECETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREE1 ADDRESS		
CITY-ST-ZIP		4.4 CITY - S1 - ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I do hereby certify that the informati	on supplied with this filing does not qualif	v for the exemption states	d in Section 119.07(3)(i), Florida Statutes.	I further certify that the
l am an officer or director of the cor appears in Block 12 or Block 13 if c	report or supplemental armual report is tr poration or the receiver or trustee empow hanged, or on an attachment with an add	ered to execute this reporters. JANET A.	i my signature snaii nave the same legal e rt as required by Chapter 607, Florida Sta BRODEK	errect as it made under oath; tha tutes; and that my name

JANET L. BRODEK