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

**PROFIT CORPORATION** ANNUAL REPORT 1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT** # P96000056347 (3)

ACCENT EMBROIDERY, INC.

Principal Place of Business

Mailing Address

49 ALAFAYA WOODS BLVD. NO 161 OVIEDO FL 32765

information indicated on this arm I am an officer or director of the appears in Block 12 or Block

49 ALAFAYA WOODS BLVD. NO 161 OVIEDO FL 32765-6335

## **FILED** Apr 28 1997 8:00am Secretary of State



28. Mailing Address 21 22 22 23 24 25 26 28. Mailing Address 26 28. Suite, Apt. #, etc. 27 City & State 28 29 29 20 21 29 20 20 20 21 20 20 21 20 21 20 21 20 21 21 22 22 23 20 20 20 21 20 20 21 21 22 23 24 25 29 29 30 20 20 20 20 20 20 20 20 20 20 20 20 20	39. Date Incorporated or Qualified  07/01/1996 4. FEI Number 593390829 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Florida Statutes 8. 75 Addition Fee Required 8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes 7. Yes No  10. Name and Address of New Registered Agent  FL 85 Zip Code  ation submits this statement for the purpose of changing its registered.
21	4. FET Number
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City & State  28  Zip Country Zip Country  25 29 30  9. Name and Address of Current Registered Agent  JONES, JOSEPH S  5442 BAYTOWNE PLACE  OVIEDO FL 32765  81 Name  82 Street Address  83 64 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation'	Trust Fund Contribution Added to Fee  8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes Yes No  10. Name and Address of New Registered Agent  s (P.O. Box Number is Not Acceptable)  FL 85 Zip Code ation submits this statement for the purpose of changing its regis
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<ul> <li>office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation?</li> </ul>	ation submits this statement for the purpose of changing its regi-
agent. I am familiar with, and accopt the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	
Signature, typed or puried name of registriced agent and title if applicable INOT: Registered Agent signature required w  12. OFFICERS AND DIRECTORS 13.	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
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NAME JOSEPH S JONES 12 NAME	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report of supplemental annual report is true and accurate and that my I am an officer or director of the computation of the recover or trustee empowered to execute this report as	Section 119.07(3)(i), Florida Statutes. I further certify that the