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 # P9600061811 (1)

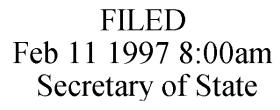
ACCESSORIES WORLDWIDE, INC.

Principal Place of Business

1400 SW 6TH COURT

Mailing Address

1400 SW 6TH COURT





POMPANO BEACH FL 33069		POMPANO BEACH FL 33069-4506				
				3. Date Incorporated or Qualified 3a. Date of Last Report 07/23/1996		
2. Principal	Place of Business W. MENAB LL #25	2a. Mailing Address	1-4	4. FEI Number	Ap	plied For
			937	65-0683485		t Applicable
Suity, Apt 2 18/11/2	edo Bar. Fz.	Suits Apt. #, etc., 27 PomPANO E	BEACH	5. Certificate of Status Desired	□ \$8.75 A Fee Re	
City & Sta	ate 069	City & State	3061	Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Country	8. This corporation has liability for		199.032,
4	25 US#		30 USA		Yes Mo	
	g, Name and Address of Curi	rent Registered Agent		10. Name and Address of New Re	gistered Agent	
	RNATEK, JAMES		81 Name			
	00 SW 6TH COURT		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	***************
	ITE BB				·····	
PO	MPANO BEACH FL 33069		83			
			64 City		85 Zip C	Code
					PL	
agent. (SIGNATURE		ligations of, Section 607.0505, Flo	orida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accept	PR L 1947	registered
SIGNATURE.	Signs and Typical or princed name of registered	agent and title it approable. (NOTE	Registered Agent signature requ		DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TOTEE	PSD	L_] DELETE	1.1 TITLE		Change	Additio
NAME	BERNATEK, JAMES		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CHTY-ST-ZIP	POMPANO BEACH FL 3308		1.4 C/TY-ST-ZIP			
TITLE	OTADO UCNOVA ID	∐ DELETE	2.1 TITLE		Change	Additio
NAME	STARR, HENRY A JR		2.2 NAME			
STREET ADDRESS	7499 EMBASSY DRIVE CANTON MI 48187		2.3 STREET ADDRESS			
CITY: ST-ZIP F-TLE	CATION MI 40107	DELETE	2. 4 CITY+ST-ZIP 3.1 TITLE	······································	Change	Addition
			3.2 NAME		C Orange	LLI AGGILI
NAME Dances and deco			3.3 SYREET ADDRESS			
STREET ADDRESS	`		3.4. CITY-ST-ZIP			
CHTY-ST-ZIP Tille		DELETE	4.1 TITLE		☐ Change	Additio
NAME.		had some	4. 2 NAME			
street address			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		•	
TITLE		DELETE	5.1 TITLE		Change	Additio
IAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
IITLE		DELETE	6.1 TITLE		☐ Change	Additi
NAME.			6.2 NAME			
STREET ADDRESS	3		6.3 STREET ADDRESS			
CITY-S*-ZIP			6.4 CiTY-ST-ZIP			
	. 1					

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 12 if changed in an address.

SIGNATURE