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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000077277 (7)

ACCENT IMPORTS LTD., INC.

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business	Mulling Address			
Principal Place of Business Mailing Address 17 CARRICK ROAD 17 CARRICK ROAD PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL		S FL 33418	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 09/17/1996	
2. Principal Place of Business 21 0800 No. WILLIAM	2a. Mailing Address 26 10 800 No (nilitary TR	4. FEI Number 65-0705741	Applied For Not Applicable
Suite, Apt. #, etc. 219	Suite, Apt. #, etc.	7	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 PAW Brack Grams	6 28 Palm Beach	Gardens Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 3 4 1 25 Country	29 33410	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
g, Name and Address of Cu BAIN, DONNA	rrent Hegistered Agent	81 Name	10. Name and Address of New Register	ed Agent
17 CARRICK ROAD PALM BEACH GARDENS FL 33418		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
FALM BEACH GARDENS FE 334	110	83		
		84 City		85 Zip Code
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the of SIGNATURE.	tate of Florida. Such change was	authorized by the corporati	oration submits this statement for the purpos on's board of directors. I hereby accept the	e of changing its registered appointment as registered
Signature typed or preferious e of a gistore	d ago it and title of applicable (NO AND DIRECTORS	Registered Agent signature require 13.	d when reinstating) DA1 ADDITIONS/CHANGES TO OFFICERS A	
TITLE D	DELETE	1.1 TITLE		Change Addition
NAME BAIN, DONNA STREET ADDRESS 17 CARRICK ROAD		12 NAME		
CITY-ST-ZIP PALM BEACH GARDENS I	FL 33418	1.3 STHEET ACIDRESS 1.4 City-St-Zip		
TITLE	DELETE	21 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-SI-ZIP TITLE	DELETE	2. 4 CHY-S1-ZIP 3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-SI-ZIP	DECETE	3.4. C(1Y - ST - ZIP		Change Addition
TITLE NAME	E) perese	4.1 T(1LF 4. 2 NAME		☐ Change ☐ Addition
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 1/1/16		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	OFLETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	E.J tate II	62 NAME		T sumings T Monition
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		
14. I hereby certify that the information supplier	d with this filing does not qualify t		Section 119.07(3)(i), Florida Statutes. I further	r certify that the information

Thereby certify that the internation supplied was the same legal effect as it made under oath, that it aim a officer or director of the corporations the received in trustee empoyered to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

(301)(691-2088) we and accurate and that my signature shall have the same legal effect as if made under oath; that I am am