

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

FILED

Jun 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000090060

1. Corporation Name

ELIZABETH'S ACCESSORIES, INC

Principal Place of Business

Mailing Address

21446 ST. ANDREWS GRAND
BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/96

4. FEI Number

65-0700036

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELIZABETH DEL VECCHIO
21446 ST. ANDREWS GRAND
BOCA RATON, FL 33486

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 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: Elizabeth DelVecchio

4-2098

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PRESIDENT
NAME: ELIZABETH ACCESS. INC
STREET ADDRESS: 21446 ST. ANDREWS CR.
CITY-ST-ZIP: BOCA RATON, FL 33486

☒ DELETE

11 TITLE: ☐ Change ☐ Addition
12 NAME: ☐ Change ☐ Addition
13 STREET ADDRESS: ☐ Change ☐ Addition
14 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: PRESIDENT
NAME: ELIZABETH DEL VECCHIO
STREET ADDRESS: 21446 ST. ANDREWS GRAND
CITY-ST-ZIP: BOCA RATON, FL 33486

☐ DELETE

21 TITLE: ☐ Change ☐ Addition
22 NAME: ☐ Change ☐ Addition
23 STREET ADDRESS: ☐ Change ☐ Addition
24 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

31 TITLE: ☐ Change ☐ Addition
32 NAME: ☐ Change ☐ Addition
33 STREET ADDRESS: ☐ Change ☐ Addition
34 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

41 TITLE: ☐ Change ☐ Addition
42 NAME: ☐ Change ☐ Addition
43 STREET ADDRESS: ☐ Change ☐ Addition
44 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

51 TITLE: ☐ Change ☐ Addition
52 NAME: ☐ Change ☐ Addition
53 STREET ADDRESS: ☐ Change ☐ Addition
54 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

61 TITLE: ☐ Change ☐ Addition
62 NAME: ☐ Change ☐ Addition
63 STREET ADDRESS: ☐ Change ☐ Addition
64 CITY-ST-ZIP: ☐ Change ☐ Addition

14. I 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:

Elizabeth DelVecchio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH DELVECHIO

561-416-2533

CR2E034 (10/97)