

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90031 041 \*\*\*163.75

DOCUMENT # P97000008894

1. Corporation Name  
ACCENT LESS, INC.



Principal Place of Business

Mailing Address

1425 ARTHUR STREET  
SUITE 516  
HOLLYWOOD FL 33020

1425 ARTHUR STREET  
SUITE 516  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

APPLIED FOR

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 the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1128 N 16TH AVE

26 1128 N 16TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Hollywood

28 Hollywood

Zip

Country

24 33020

25 Brown

29 33020

30 Brown

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERR, CYNTHIA L PA  
2016 HARRISON STREET  
HOLLYWOOD FL 33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME DONAHUE, STEVEN J  
STREET ADDRESS 1425 ARTHUR STREET, STE 516  
CITY-ST-ZIP HOLLYWOOD FL 33020

1.1 TITLE Pnes  
1.2 NAME Steven John Donahue  
1.3 STREET ADDRESS 1128 N 16TH AVE.  
1.4 CITY-ST-ZIP Holly. FL 33020

TITLE D  
NAME VILLANI, JOHANNA  
STREET ADDRESS 1425 ARTHUR STREET STE. 516  
CITY-ST-ZIP HOLLYWOOD FL 33020

2.1 TITLE VP  
2.2 NAME JOHANNA VILLANI  
2.3 STREET ADDRESS 1128 N 16TH AV.  
2.4 CITY-ST-ZIP Holly. FL 33020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)