


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

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000021890 (3) 1. Corporation Name ACCENT CONSULTING GROUP, INC.		



Principal Place of Business 242 NORTHWEST 106 AVE. PEMBROKE PINES FL 33026	Mailing Address 242 NORTHWEST 106 AVE. PEMBROKE PINES FL 33026
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 516 N.W. 118 TERRACE Suite, Apt. #, etc.	2a. Mailing Address 26 516 N.W. 118 Terr. Suite, Apt. #, etc.
22 City & State 23 Coral Springs FL. Zip 33071 Country USA	27 City & State 28 Coral Springs FL. Zip 33071 Country USA

3. Date Incorporated or Qualified 03/10/1997	4. FEI Number 65-0733959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. #211 PALM BEACH GARDENS FL 33418	
--	--

10. Name and Address of New Registered Agent	
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	
TITLE	D
NAME	ROBERTSON, BRUCE
STREET ADDRESS	242 NORTHWEST 106 AVE.
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	D
NAME	COOMBS, GARRY
STREET ADDRESS	242 NORTHWEST 106 AVE.
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	D
NAME	LAM, GRANT
STREET ADDRESS	242 NORTHWEST 106 AVE.
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	D
NAME	BOSCO, MICHAEL
STREET ADDRESS	242 NORTHWEST 106 AVE.
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	516 N.W. 118 Terr.
1.4 CITY-ST-ZIP	Coral Springs, FL 33071
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	> see above
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	> see above
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	> see above
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Bruce Robertson

1/29/98

561-792-3534

CR2E034 (10/97)