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 28, 1999 8:00 am Secretary of State

04-28-1999 90008 041 ***150.00

1. Corporation	MENT # P97000 M ACCESSORY DEPOT, INC					***************************************				
Principal Plac	e of Business	Mailing Address				─ !##			10 11901 DIIO: POIE	1
•	TER GARDEN ROAD	4685 OLD WINTER GARDEN ROAD								
DRLANDO FL.		ORLANDO FL 32811	JI.N HOND							
							DO NOT WRI	TE IN TH	IS SPACE	
							orporated or Qualifed			-
						03/17/				
Principa F	Place of Business	2a. Mailing Address				4. FEI Num			 	pplied For
1		26				59-343	8940			ot Applicable
Suite, Act.	. #, etc.	Suite, Apt. #, etc.				5. Certifc at	e of Status Desired		• •	Additional ecuired
2		27								
☐ City & Sta	te	City & State				1 7.	Campaign Financing			May Be tc Fees
23 Zip	Cour try	28		untry			nd Contribution	ont uses		1 663
Zip	Courtry [25]	 	30	and y		1 .	poration owes the cur Property Tax.	em year	ntangible Yes	⊡Nο
4	25 g Name and Address of Curre	nt Registered Agent	30	T			nd Address of New	Registere		
	g. Name and Adords of Odno	Tregisteres rigorie		81	Name	10.				
VAN	i winkle, Philip						Touch and Science A.	-61-)		
468	5 OLD WINTER GARDEN ROAD			82	Street Acd	iress (P.O. Box 1	Number is Not Accept	able)		
ORL	ANDO FL 32811			83						
				84	City			F	85 Zip	Code
agent. I a	to the provisions of Sections our, registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed ha he of registered agreements.	ations of, Section 607.0505, I	Flonda Sta	itutes.		ed when reinstating)		DATE		
12.		NI) DIRECTORS	13			ADDITIO	NS/CHANGES TO OF	FICERS		
TITLE	PS	☐ DELETE	1.1 1	TITLE					Change	Addition
NAME	PHILLIP VAN WINKLE		1.21	NAME						
STREET ADDRESS	_	RD	1.3 5	STREET	ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32811			CITY-ST	-ZIP					- Addison
TITLE		☐ DELETE	2.1	TITLE					Change	☐ Addition
NAME				NAME						
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NAME					ADDRESS					
STREET ADORESS				CITY-ST						
CITY-ST-ZIP				TITLE	-211				Change	Addition
TITLE		C DEELIE		NAME					··	
NAMÉ					ADDRESS					
STREET ADDRESS										

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 eath; 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:

Philip Van Winkle 4/23/99 (407) 523-4555