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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065691 (2)

P AND J ACCESSORIES, INC.

Principal Place of Business

Mailing Address

FILED Jan 30 1998 8:00am Secretary of State



500 FIFTH AV NAPLES FL 3		500 FIFTH AVE. SO. #500 NAPLES FL 34102	6	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1997
	lace of Business	2a. Mailing Address	51 . 01 1	4. FEI Number Applied For
	Gulf Shore Blud N.		Share Blud	
86	10	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	. —	City & State 28 Naples	FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 1	Country	Zip 29 34102	Country 30 Cellier	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
	9. Name and Address of Current	<u> </u>		10. Name and Address of New Registered Agent
HARRISON, DANA L 81 Name margaret L. Bicket				
				Address (P.O. Box Number is Not Acceptable)
NAPLES FL 34102				
			83	# 801
200	- PRid-	Q.	84 City	85 Zip Code
Margaret L. Sectit, Jan. Naples FL 34102				
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, typud or printed name of registered agent	and little if applicable (NOTE	Registered Agent signature	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 TITLE	PD Change Ma Addition
NAME			1.2 NAME	mangaret h. Bicket
STREET ADDRESS			1.3 STREET ADDRESS	mangaret L. Bicket 1221 Gulf Shore Blvd. #801
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Naples FL 34102
TITLE		L DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change Addition
TITLE		_ better	3.2 NAME	
NAME STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	and the the information over the during	h this filing does not quelify for	6.4 CITY-ST-ZIP	ed in Section 119.07/3Vi). Florida Statutes, I further certify that the information

4. 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.