FILED Apr 20, 1999 8:00 am Secretary of State

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## 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

## DOCUMENT # P97000073667

ACCENT ON DESIGN, INC.

Principal Place of Business Mailing Address						I LBDISON IN LATER LAND BOTTS CATTER AND THE	198ê tirin Brita		
2925 CARDINAL DRIVE		2925 CARDINAL DRIVE							
		SUITE B				DO NOT WRITE IN THIS SPACE			
VERO BEACH FL 32963 VERO BEACH FL 32963						3. Date Incorporated or Qualifed			
						08/25/1997			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26				59-3463965	<del></del>	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22		27						<u>`</u>	
City & State		City & State				6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added-t	May Be	_
Zip Country		20	Zip Country			This corporation owes the current year Inta			
24	25	29	30	,		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curre		144	Τ	•	10. Name and Address of New Registered	Agent		
				81	Name				
	WN, RICHARD L			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	) CARDINAL DRIVE			Ш					
SUITE A				83					
VERO BEACH FL 32963				84	City		85 Zip (	Code	
						rporation submits this statement for the purpose of	1		
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga-	e of Florida. Such change was a ations of, Section 607.0505, Flo	authorize orida Sta	ed by to	tne corpora	tion's board of directors. I hereby accept the appoint	itment as re	gistered	
12.	OFFICERS AND DIRECTORS		13			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	9
TITLE	D			TITLE			Change	☐ Addition	,
NAME	SNYDER, NANCY		1.21	NAME					
STREET ADDRESS			STREET	ADDRESS				j	
CITY-ST-ZIP	VERO BEACH FL 32963	ACH FL 32963 140		CITY-ST	-ZiP				į
ΠΠLE		☐ DELETE 2.1 TIT					Change	Addition	,
NAME			2.2	NAME	ļ			į	
STREET ADDRESS			2.3	STREET	ADORESS				
CITY-ST-ZIP			_	CITY-S	T-ZIP		Change	Addition	i
ΠΊLE		☐ DELETE		TITLE			☐ Criainge		
NAME			ı	NAME					
_STREET ADDRESS	سينحت شسوج ومستشيبين وسينيو				ADDRESS		<u> </u>		
CITY-ST-ZIP		☐ DELETE	_	CITY-S'	T-ZIP		Change	☐ Addition	
TITLE				NAME	1		_ , ,	_	
NAME		0			ADDRESS				
STREET ADDRESS				CITY-SI					
CITY-ST-ZIP TITLE			4.4						
NAME	1	☐ DELETE		TITLE			Change	☐ Addition	1
STREET ADDRESS		DELETE	5.1				Change	☐ Addition	
		☐ DELETE	5.1 5.2	TITLE NAME	ADDRESS		☐ Change	☐ Addition	
		DELETE	5.1 5.2 5.3	TITLE NAME			☐ Change	Addition	
CITY-ST-ZIP		DELETE	5.1 5.2 5.3 5.4	TITLE NAME STREET			☐ 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS