

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90022 047 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000008096**

1. Corporation Name  
**HOME ACCENTS UNLIMITED INC.**



Principal Place of Business <b>FOUR HARGROVE GRADE PALM COAST FL 32137</b>	Mailing Address <b>FOUR HARGROVE GRADE PALM COAST FL 32137</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 FOUR HARGROVE GRADE</b>		2a. Mailing Address <b>26 FOUR HARGROVE GRADE</b>		3. Date Incorporated or Qualified <b>01/23/1998</b>	
Suite, Apt. #, etc. <b>22 Suite A</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3505279</b>	
City & State <b>23 PALM COAST, FLORIDA</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 32137</b>		Country <b>25 USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes the current year Intangible Personal Property Tax.		8. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

9. Name and Address of Current Registered Agent <b>EMLING, RICHARD F EIGHT CLASSIC COURT PALM COAST FL 32137</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0532 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 607.005, Florida Statutes.

SIGNATURE *Richard F. Emling* *Richard F. Emling* **4-26-99**  
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMLING, RICHARD F</b>	1.2 NAME	
STREET ADDRESS	<b>8 CLASSIC CT.</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM COAST FL 32137</b>	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMLING, SCOTT W</b>	2.2 NAME	
STREET ADDRESS	<b>3242 MORGANIZER TR.</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>ORANGE PARK FL 32065</b>	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMLING, SHAWN M</b>	3.2 NAME	
STREET ADDRESS	<b>1660 WESTFIELD CT.</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>LAWRENCEVILLE GA 30243</b>	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMLING, ELLY M</b>	4.2 NAME	
STREET ADDRESS	<b>8 CLASSIC CT.</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM COAST FL 32137</b>	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(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 empowerments.

SIGNATURE: *Richard F. Emling* *Richard F. Emling* **4-26-99** **904-445-3763**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/98)