

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90001 003 ***150.00

DOCUMENT # P98000065963

1. Corporation Name

DECORATIVE ACCENTS, INC.



Principal Place of Business
**11025 SW 157TH TERRACE
MIAMI FL 33157-1262**

Mailing Address
**11025 SW 157TH TERRACE
MIAMI FL 33157-1262**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOMBS, RALSTON A
11025 SW 157TH TERRACE
MIAMI FL 33157-1262**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	RALSTON COOMBS	
STREET ADDRESS	11025 SW 157TH TERR	
CITY-ST-ZIP	33157	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	COURTNEY COOMBS	
STREET ADDRESS	11025 SW 157TH TERR	
CITY-ST-ZIP	33157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

CR2E034 (5/99)

498000065963
618909-90001.3

Decorative Accents Inc.
11025 SW 157 Terrace
September 13, 1999

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sir/Ms:

My communication is in response to a query I made in regards to my 1999 Profit Corporation Annual Report. Since my bookkeeper and myself submitted the original document in May, I was unconcerned a first when I saw the second notice arrive.

After speaking with a representative in your department today, I was informed that the Department of State does not have a record of the packet we filed in May! Respectfully, I am requesting that you accept the enclosed return in lieu of the first. As a new corporation, our financial footing is so precarious that we are unable to pay the late fee. In future, we will send it per your instructions by certified mail and pay by check.

As I write this, I have just returned from the Post Office on the evening of the thirteenth. However, I was unable to send this to you by express mail as your representative recommended because the entire area is now under a hurricane watch! Compounding this, the Post Office will be closed tomorrow, Tuesday the fourteenth because of Hurricane Floyd. I would be deeply appreciative of any consideration that you can render in regards to the waiving of the late fee and the tardy submission of this replacement packet.

Respectfully yours,

Ralston A. Coombs

