

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S12984

(8)

1. Corporation Name

ACCENT ON QUALITY, INC.

Principal Place of Business

425 E SPRUCE ST
UNIT B
TARPON SPRINGS FL 34689-4038
US

Mailing Address

425 E SPRUCE ST
UNIT B
TARPON SPRINGS FL 34689-4038
US

2. Principal Place of Business

21

Subs. Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

TSANGARINOS, STERGOS
425 E SPRUCE ST., UNIT B
TARPON SPRINGS FL 34689

2a. Mailing Address

26

Subs. Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE

DS

NAME

TSANGARINOS, STERGOS
425 E SPRUCE ST., UNIT B
TARPON SPRINGS FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

P

NAME

TSANGARINOS, THEODORE
425 E SPRUCE ST., UNIT B
TARPON SPRINGS FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 to this annual report.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 01 1996 8:00 am
Secretary of State



3. Date Incorporated or Qualified
11/16/1990

3a. Date of Last Report
04/25/1995

4. FEE Number

59-3062646

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

CR2E034 (12/95)

713-934-5621