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

May 04 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)S12984 ACCENT ON QUALITY, INC. Principal Place of Business Mailing Address 425 E SPRUCE ST 19 WEST OAKWOOD w TARPON SPRINGS FL 34689 DO NOT WRITE IN THIS SPACE TARPON SPRINGS FL 34689-4038 3. Date incorporated or Qualified 11/16/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 19 W. Oakwood St. 59-3062646 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing TAMON Springs 28 Trust Fund Contribution Added to Fees Country Country Źip 8. This corporation owes or has paid the current year Intangible 24 34689 4.5. 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TSANGARINOS, STERGOS 425 E SPRUCE ST., UNIT B Street Address (P.O. Box Number is Not Acceptable) 62 TARPON SRPINGS FL 34689 83 84 City Zip Code 85 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 reinstaling) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1,1 TiTLE Change Addition TITLE **TSANGARINOS, STERGOS** NAME 1.2 NAME CR2E034 425 E SPRUCE ST., UNIT B STREET ADDRESS 1.3 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **TSANGARINOS, THEODORE** NAME 2.2 NAME 425 E SPRUCE ST., UNIT B STREET ADDRESS 2.3 STREET ADDRESS TARPON SPRINGS FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITI F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY - ST - ZiP DELETE ☐ Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE 5.1 TITLE Change ☐ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on particularly with any subject.

**FILED**