

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR -4 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V62308** (4)

1. Corporation Name  
**BEAUTIFUL ACCENTS, INC.**

Principal Place of Business Mailing Address  
**5329 DIPLOMAT CIRCLE ORLANDO FL 32810** **3204 CURTIS DR APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE.

|                                |                  |                          |                    |   |   |
|--------------------------------|------------------|--------------------------|--------------------|---|---|
| 2. Principal Place of Business |                  | 2a. Mailing Address      |                    | 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 21 <b>5329 Diplomat Circle</b> |                  | 26 <b>3204 Curtis Dr</b> |                    | <b>09/04/1992</b>   | <b>03/08/1994</b>   |
| 22 Suite, Apt. #, etc.         |                  | 27 Suite, Apt. #, etc.   |                    | 4. FEI Number   | Applied For   |
| 23 <b>Orlando, FL 32810</b>    |                  | 28 <b>Apopka Fl.</b>     |                    | <b>59-3165492</b>   | Not Applicable  |
| 24 <b>32810</b>                | 25 <b>ORLAGE</b> | 29 <b>32703</b>          | 30 <b>Seminole</b> | 5. Certificate of Status Desired  | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| City & State                   |                  | City & State             |                    | 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |
| 23 <b>Orlando, FL 32810</b>    |                  | 28 <b>Apopka Fl.</b>     |                    | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

|  |  |  |  |  |  |           |    |
|--|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent                |  |  |  | 10. Name and Address of New Registered Agent |  |           |    |
| <b>HOOPER, PATRICIA<br/>3204 CURTIS DR<br/>APOPKA FL 32703</b> |  |  |  | 81   | Name   |           |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |           |    |
|  |  |  |  | 83   |  |           |    |
|  |  |  |  | 84   | City   | <b>FL</b> | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | <b>P</b>                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HOOPER, PATRICIA</b> | 1.2 NAME  |   |
| STREET ADDRESS             | <b>3204 CURTIS DR</b>   | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>APOPKA FL 32703</b>  | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 2.2 NAME  |   |
| STREET ADDRESS             |                         | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 3.2 NAME  |   |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 4.2 NAME  |   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME  |   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 6.4 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 110.07(3)(b), 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 (changed), or on an attachment with an address.

SIGNATURE: Patricia Hooper 3/28/95 (407) 788-8608  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #