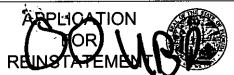
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS FILED

DOCUMENT # P95000051261 1. Corporation Name ACCENT ON SUPPORT, INC.					OO NOV -8 PM 12: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
3590 SOUTH TUTTLE SARASOTA FL 34239 US	H TUTTLE FL 34239							
If above addresses are incorrect	in any way, line through incorrect in			06-09-0	0 90218	002 4	818570V	
2. New Principal Office Address, 1 2141 Boy St Suite, Apt. #, etc.	ng Office Address, If etc.	Applicable	Date Incorporated or Qualified To Do Business in Florida 06/28/1995					
Constitute A	Chyé State	DHe.	1/1	5. FEI Number	65-0594185		Applied For Not Applicable	
Zip 28265 Country	2820	Countr	у	6. CERTIFICATE	OF STATUS DESIRED) [
7. Names and Street Addresses of	of Each Officer and/or Director (Flor	rida nonprofit corpora	ations must list at le	ast 3 directors)				
	e(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director		City / State / Zip		iip 	
P HILL, SUSAN A		1300 NORTH PORTOFINO DRIVE #203		E #203	SARASOTA FL 34242			
			- 10m		10/4			
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
HILL, SUSAN A 1300 NORTH PORTOFING #203 SARASOTA FL 34242 10. I, being appointed the register	od agent of the above named corpo	oration, am familiar w	Suite, Apt. #, Etc	Sara		State Zip	1 236	
Signature of Registered Agent	REGISTERED AG	ENT MUST SIGN			Date 10/3/	1/00		
11. I certify that I am an officer or this reinstatement application,	director or the receiver or trustee en the reason for dissolution has been	npowered to execute eliminated, the corp	this application as porate name satisfies	provided for in cha the requirements	pter 607 or 617, F.S of section 607.0401	S. I further certify or 617.0401, F	y that when filing .S., that all fees -	

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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Attachment P9500005/261

Sean Toner

I am enclosing the orginal form I had filled out when I thought all was taken care of. Please let me know if this is handled.

Susan Hill 2141 Bay St. Charlotte NC 28205 704- 375-5110