

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

CORPORATION ANNUAL REPORT 1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **849480** (9)  
1. Corporation Name  
**HIT PROMOTIONAL PRODUCTS, INC.**

95 FEB -1 AM 10: 29

Principal Place of Business: 7150 BRYAN DAIRY RD, LARGO FL 34847, US  
Mailing Address: 56 CHURCH ST, SPRING VALLEY NY 10977, US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/19/1981</b>		3a. Date of Last Report <b>04/19/1994</b>	
4. FEI Number <b>59-2095421</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent			
81 Name <b>The Prentice-Hall Corporation System, Inc.</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>		83 <b>Suite 105</b>		84 City <b>Tallahassee</b>	
		85 State <b>FL</b>		86 Zip Code <b>32301</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>SCHMIDT, ARTHUR W III</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7150 BRYAN DAIRY RD</b>	1.2 NAME	
STREET ADDRESS	<b>LARGO, FL 00000</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<b>TITTLE, DAVID E</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>56 CHURCH ST</b>	2.2 NAME	
STREET ADDRESS	<b>SPRING VALLEY, NY 00000</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>ST</b>	<b>BECKER, PAUL L</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>56 CHURCH ST</b>	3.2 NAME	
STREET ADDRESS	<b>SPRING VALLEY, NY 00000</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>EVD</b>	<b>SCHMIDT, ARTHUR W JR</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>56 CHURCH ST</b>	4.2 NAME	
STREET ADDRESS	<b>SPRING VALLEY, NY 00000</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>AS</b>	<b>MEADOWS, GARY</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7150 BRYAN DAIRY RD</b>	5.2 NAME	
STREET ADDRESS	<b>LARGO FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>HANAU, KENNETH J., JR.</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>35 HEIGHTS ROAD</b>	6.2 NAME	
STREET ADDRESS	<b>RIDGEWOOD NJ</b>	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)(h), 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 the report as required by Chapter 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul L. Becker* 1/16/95 (914) 356-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR