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FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90066 029 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **849480**

1. Corporation Name
HIT PROMOTIONAL PRODUCTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7150 BRYAN DAIRY RD LARGO FL 34647 US	Mailing Address 56 CHURCH ST SPRING VALLEY NY 10977 US
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3. Date Incorporated or Qualified 06/19/1981
4. FEI Number 59-2095421
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST
 SUITE 105
 TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	SCHMIDT, ARTHUR W III	
STREET ADDRESS	7150 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TITTLE, DAVID E	
STREET ADDRESS	56 CHURCH ST	
CITY-ST-ZIP	SPRING VALLEY, NY 00000	
TITLE	STVP	<input type="checkbox"/> DELETE
NAME	BECKER, PAUL L	
STREET ADDRESS	56 CHURCH ST	
CITY-ST-ZIP	SPRING VALLEY, NY 00000	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	SCHMIDT, ARTHUR W JR	
STREET ADDRESS	56 CHURCH ST	
CITY-ST-ZIP	SPRING VALLEY, NY 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MEADOWS, GARY	
STREET ADDRESS	7150 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHMIDT, ARTHUR W IV	
STREET ADDRESS	7150 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO FL	

1.1 TITLE	CEOPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 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 with an address, with all other like empowered.

SIGNATURE: Paul L. Becker Paul L. Becker Date: _____ Daytime Phone #: 914-356-6000

CR2E034 (1/98)