Apr 12, 1999 8:00 am Secretary of State

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M17745

1. Corporation Name

AAA TROPHY MANUFACTURING CO., INC.

Principal Place	e of Business	Mailing Address	_					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
% CAESAR SAN		% CAESAR SANSONE						
11471 W. SAMPLE RD. CORAL SPRINGS FL 33065		11471 W. SAMPLE RD. CORAL SPRINGS FL 33065				DO NOT WRITE IN THIS SPACE		
CORAL SPRING	15 PE 33005	CURAL SERINGS EL 33003	3			3 Date Incorporated or Qualifed	1110 01 7102	
						07/09/1985		}
2 Principal P	lace of Business	2a. Mailing Address	_			4. FEI Number	Ap	plied For
21		26				59-2556754	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #; etc: -	٠.,			5 Certificate of Status Desired	- \$8.75 A	dditional
22	•	27				5. Certificate of Status Desired	Fee Re	quired
City & State	e .	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	_			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the current year		٦
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		04 4	• I	10. Name and Address of New Registe	red Agent	
CAN	SONE, CAESAR			81   1	Name	•		
	71 W. SAMPLE RD.		•	82 3	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	AL SPRINGS FL 33065		<b>,</b>	-				
COR	IAL SENINGS FE 33005	n al		83				
	,		ŀ	84 (	City		85 Zip (	Code
							FL   S   Zip (	un mintara d
11 ·Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statu of Florida. Such change was a	tes, the at	by the	named.corp e corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as re	gistered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Flo	orida Statu	tes.	•			-
CICNIATURE								
SIGNATURE						DAT		\
·	Signature, typed or printed name of registered ager			Agent si	ignature required	d when reinstating) DATI	<del></del>	#2S IN 12
12.	OFFICERS AN	D DIRECTORS	13.		ignature required	d when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12. TITLE	OFFICERS AN		13. 1.1 TIT	LE	ignature requirer		<del></del>	
12. TITLE NAME	OFFICERS AN DST SANSONE, CAESAR	D DIRECTORS	13. 1.1 TIT 1.2 NA	LE ME			AND DIRECTO	
12. TITLE NAME STREET ADDRESS	OFFICERS AN DST SANSONE, CAESAR 550 S. OCEAN BLVD. #508	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	LE ME REET AD	DORESS		AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN DST SANSONE, CAESAR 550 S. OCEAN BLVD. #508 BOCA RATON FL	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	LE ME REET AD Y-ST-Z	DORESS		AND DIRECTO	
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	OFFICERS AN DST SANSONE, CAESAR 550 S. OCEAN BLVD. #508 BOCA RATON FL P	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT	LE ME REET AL Y-ST-Z	DORESS		S AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN DST SANSONE, CAESAR 550 S. OCEAN BLVD. #508 BOCA RATON FL P SANSONE, DANIEL	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	LE ME REET AL Y-ST-Z LE ME	DORESS 2P		S AND DIRECTO	Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN DST SANSONE, CAESAR 550 S. OCEAN BLVD. #508 BOCA RATON FL P SANSONE, DANIEL 65 SE SPANISH TR #203	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	LE ME REET AL Y-ST-Z LE ME REET AL	DORESS DORESS		S AND DIRECTO	Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AN DST SANSONE, CAESAR 550 S. OCEAN BLVD. #508 BOCA RATON FL P SANSONE, DANIEL 65 SE SPANISH TR #203 BOCA RATON FL V SANSONE, JOAN 550 S OCEAN BLVD #508	D DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 ST 5.4 CIT 5.4	LE ME REET AL LE ME REET AL LE ME REET AL LE ME REET AL LE LE ME REET AL LE LE ME REET AL LE LE LE ME REET AL LE LE LE LE LE LE ME REET AL LE	DORESS ZIP DORESS ZIP DORESS ZIP DORESS	ADDITIONS/CHANGES TO OFFICERS	Change  Change  Change	Addition  Addition  Addition  Addition

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 Chapten 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP