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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081599 (1)

HOG HOUSE LEATHER, INC.

Principal Place of Business	Mailing Address		T 1891/1891 110 19/100 1//// BB404 00/44 00/4/ 06/10/	10101 11001 01110 10110 1011 1041
2606 NORTH ARMENIA AVENUE TAMPA FL 33607	4048 W KENNEDY BLVD STE 606 Tampa Fl 33609 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
			11/22/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #. etc	Suite. Apt. #, etc.		59-3213007	Not Applicable
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country 25	Zφ	Country	8. This corporation owes or has paid the	
24 25 9, Name and Address of Currer	29 3 of Registered Agent	0	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
KANOUFF, WILLIAM		81 Name	10, 11-110 411-110 01 110 110 110 110 110 110 110 11	- Angoine
4040 WEST KENNEDY BLVD.		82 Street Add	ross /B.O. Bay Number is Net Assemble)	
STE. 606			ress (P.O. Box Number is Not Acceptable) 48 W KENNCY BUT	#600
TAMPA FL 33609		83 ,		
		84 City		85 Zip Code
44 8		1 79,		L 33609
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	: of Florida. Such change was aut	horized by the corporat	oration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of changing its registered
agent. I am familiar with, and accept the obligi	ations of, Section 607.0505, Florid	da Statutes.	11 /	47
SIGNATURE Signature, typed of furfied name of registered agr	ANOTE S	Registered Agont signature requir	9 /28	/1"
12. OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME KANOUFF, WILLIAM		1.2 NAME		
STREET ADDRESS 4048 W KENNEDY BLVD STE	606	1.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	[_] DELETE	2.1 TITLE		L Change L Addition
NAME CONFER ADDRESS		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP		2.3 STREET ADDRESS		
TITLE	DELETE	2 4 CHY-ST-ZIP 3 1 TITLE		Change Addition
NAME	<u></u> · · · · ·	3.2 NAME		one-go
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY - ST - ZIP		
TITLE	☐ DELETE	4.1 THTLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	T DELETE	4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP	•	5.3 STREET ADDRESS 5.4 City-St-Zip		
TITLE	DELETE	6.1 117LF		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY OF TIP				ĺ

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 13 if changed, or on an attachment with an address.