

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

FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000029424 (6)**

1. Corporation Name
POLO GEAR, INC.

Principal Place of Business
**MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480
US**

Mailing Address
**C/O MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, #802
PALM BEACH FL 33480-4378
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1994	3a. Date of Last Report 04/23/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 65-0480960	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**DE MENDOZA, MARIO G III ESQ
251 ROYAL PALM WAY
SIXTH FLOOR
PALM BEACH FL 33480**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDOZA, MARIO G DE	1.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY, #802	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELLERS, GARY T	2.2 NAME	FELLERS, GARY T.
STREET ADDRESS	251 ROYAL PALM WAY, #802	2.3 STREET ADDRESS	251 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	V/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINSON, DEBRA	3.2 NAME	SASSOON, JEANETTE
STREET ADDRESS	251 ROYAL PALM WAY, #802	3.3 STREET ADDRESS	251 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **X**  **GARY T. FELLERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561/795-1719

CR2E034 (9/96)