PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90297 005 ***150.00

DOCUMENT# P94000029424 1. Corporation Name

POLO G	EAR, INC				
Principal Place	of Rusiness	Mailing Address			#
MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, SIXTH FLOOR PALM BEACH FL 33480 US		C/O MENDOZA. CALLAS & SCHILLING 251 ROYAL PAŁM WAY. #602 PALM BEACH FL 33480 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/12/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0480960	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		-6. Election Campaign Financing Trust Fund Contribution	\$5:00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	ntangible
24	25	29 30	ดี	Personal Property Tax.	X Yes □No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	i Agent
DE MENDOZA, MARIO G III ESQ 251 ROYAL PALM WAY SIXTH FLOOR PALM BEACH FL 33480			82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable)	85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	orized by the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appe	of changing its registered pintment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	ngistered Agent signature requi	red when reinstating) DATE	
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	AS	DELETE	1.1 TITLE		Change Addition
NAME	MENDOZA, MARIO G DE		1.2 NAME		
STREET ADDRESS 251 ROYAL PALM WAY, #602		1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FELLERS, GARY T		2.2 NAME		
STREET ADDRESS	251 ROYAL PALM WAY		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	PALM REACH FI	•	2.4 CITY-ST-ZIP		

DELETE Change Addition 3.1 TITLE TITLE NAME WILKINSON, DEBRA 3.2 NAME 3.3 STREET ADDRESS 251 ROYAL PALM WAY, #602 STREET ADDRESS PALM BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE VSD 4. 2 NAME NAME SASSOON, JEANETTE 4.3 STREET ADDRESS 251 ROYAL PALM WAY STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL Change ☐ Addition □ DELETE 5.1 TITLE TTILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TTLE Change Addition DELETE πιε 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 an antachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Gary T. Fellers, Pres.

(561) 795-1719