


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

03250

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90089 042 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000073618</b>					
1. Corporation Name <b>HARDWEAR LEATHER, INC.</b>					
Principal Place of Business 3109 45TH ST WEST PALM BEACH FL 33409			Mailing Address 3109 45TH ST WEST PALM BEACH FL 33409		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/21/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		65-0687930	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
GRIECO, PETER 3109 45TH ST WEST PALM BEACH FL 33409			81 Name <i>Grieco &amp; Scalera, P.A.</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>3109 45th STREET</i> 83 84 City <i>WEST PALM BEACH</i> FL 85 Zip Code <i>33407</i>		
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 <i>Mark Harris</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <i>P</i>					
1.2 NAME <i>CHRISTINE GRIECO</i>					
1.3 STREET ADDRESS <i>3109 45th STREET</i>					
1.4 CITY-ST-ZIP <i>WEST PALM BEACH FL 33407</i>					
2.1 TITLE <i>VP</i>					
2.2 NAME <i>KEVIN BRIECO</i>					
2.3 STREET ADDRESS <i>3109 45th STREET</i>					
2.4 CITY-ST-ZIP <i>WEST PALM BEACH FL 33407</i>					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

*03/17/99*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/17/99*  
Date

*(561)684-2302*  
Daytime Phone #

CR2E034 (1/98)