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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOO 2754

1. Corporation		032104			
DUNGE	ON BEAR LEATHER, INC.				
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<u> </u>	·				
Principal Place	e of Business	Mailing Address			(0 1010 1011 1010 1011 111 101
1508 NE 4TH A		PO BOX 39372			
FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 3333			DO NOT WRITE IN TH	IC CDACE	
03		03		3. Date Incorporated or Qualifed	13 SFACE
				12/06/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0622661	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27.		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	9. Name and Address of Current		30	Personal Property Tax. 10. Name and Address of New Registere	☐ Yes ☐ No
	S. Italie and Address of Current	negiatered Agent	81 Name	 	
KLET	rt, randall		· 1	ERIC LAWKENCE	
2632	! MIDDLE RIVER DR.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	1- 11414
FT. (AUDERDALE FL 33306		83	ONLY == 110	
	,	•		SUITE, 44	
}			84 City	T CAUDSO DAKE F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of	of changing its registered
) office or re	egistered agent, or both, in the State o	of Florida. Such change was aut	thorized by the corporat	ion's board of directors. I hereby accept the app	ointment as registered
agent. I ai	th, and accept the obligati شرعة	ons of, Section 607.0505, Florid	da Statutes.	•	
	m familiar with, and accept the obligati			4	-27-99
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F		ed when reinstating) DATE	-27-99
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Agent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	negistered Agent signature require 13 1.1 TITLE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P LAWRENCE, ERIC	and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME		AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P LAWRENCE, ERIC 1207 NW 6TH AVE	and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS		AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P LAWRENCE, ERIC 1207 NW 6TH AVE FT LAUDERDALE FL	and title if applicable. (NOTE: ED DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND P LAWRENCE, ERIC 1207 NW 6TH AVE FT LAUDERDALE FL VT	and title if applicable. (NOTE: F	13		AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P LAWRENCE, ERIC 1207 NW 6TH AVE FT LAUDERDALE FL VT KLETT, RANDALL	and title if applicable. (NOTE: ED DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 ☐ Change ☐ Addition Senange ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P LAWRENCE, ERIC 1207 NW 6TH AVE FT LAUDERDALE FL VT KLETT, RANDALL 2636 MIDDLE RIVER DR.	and title if applicable. (NOTE: ED DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 ☐ Change ☐ Addition Springe ☐ Addition
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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 receive 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: