

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

FILED

Apr 07 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000047803 (7)**

1. Corporation Name

**NICK'S AWL GRIP, INC.**

Principal Place of Business

**3848 NORTHWEST 16 TERRACE  
POMPANO BEACH FL 33064**

Mailing Address

**3848 NORTHWEST 16 TERRACE  
POMPANO BEACH FL 33064-6630**



|                                |                     |                     |                     |   |                                       |
|--------------------------------|---------------------|---------------------|---------------------|---|---------------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>06/05/1996</b>  | 3a. Date of Last Report               |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>65-0691934</b>  | Applied For<br>Not Applicable         |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| 23                             | Zip                 | 28                  | City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name  
**Mountoulas, Nick Sr.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3848 Northwest 16 Terrace**  
83  
84 City  
**Pompano Beach** FL 85 Zip Code  
**33064**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Nick Mountoulas*

(Signature typed or printed name of registered agent applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/4/97**

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------------------|---|--|
| TITLE                      | PD                               | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MOUNTOULAS, NICK JR.</b>      | 1.2 NAME  |  |
| STREET ADDRESS             | <b>3848 NORTHWEST 16 TERRACE</b> | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>POMPANO BEACH FL 33064</b>    | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                               | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MOUNTOULAS, JASON</b>         | 2.2 NAME  |  |
| STREET ADDRESS             | <b>3848 NORTHWEST 16 TERRACE</b> | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>POMPANO BEACH FL 33064</b>    | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                                  | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                  | 3.2 NAME  | <b>SEC</b>   |
| STREET ADDRESS             |                                  | 3.3 STREET ADDRESS                                    | <b>MOUNTOULAS, NICK SR.</b>  |
| CITY-ST-ZIP                |                                  | 3.4 CITY-ST-ZIP                                       | <b>3848 NW 16th Terrace</b>  |
| TITLE                      |                                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                  | 4.2 NAME  | <b>POMPANO BEACH, FL 33064</b>   |
| STREET ADDRESS             |                                  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                                  | 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                      |                                  | 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 as an attachment with an address.

SIGNATURE:

*Nick Mountoulas*

(Signature typed or printed name of signing officer or director)

Date

**3/6/97**

Daytime Phone #

CR2E034 (9/96)