

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047803

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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90050 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/05/1996

4. FEI Number
65-0691934

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3848 N.E. 16 Terr.

26 3848 N.E. 16 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pompano Beach FL

City & State

28 Pompano Beach FL

Zip Country

24 33064

Zip Country

29 33064

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ONLIN, CHRISTINE M CPA
440 E SAMPLE ROAD
#202
POMPANO BEACH FL 33064

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 PD
NAME MOUNTOULIAS, NICK JR.
STREET ADDRESS 3848 NORTHWEST 16 TERRACE
CITY-ST-ZIP POMPANO BEACH FL 33064

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3848 N.E. 16 Terr.
1.4 CITY-ST-ZIP

TITLE VD
NAME MOUNTOULIAS, JASON
STREET ADDRESS 3848 NORTHWEST 16 TERRACE
CITY-ST-ZIP POMPANO BEACH FL 33064

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 3848 N.E. 16 Terr
2.4 CITY-ST-ZIP

TITLE S
NAME MOUNTOULIAS, NICK SR
STREET ADDRESS 3848 NW 16TH TERRACE
CITY-ST-ZIP POMPANO BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 3848 N.E. 16 Terr.
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

Date

954-570-4323

Daytime Phone #

CR2E034 (11/98)