

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

2. Principal Place of Business  
21 3848 N.E. 16 Terr.

Suite, Apt. #, etc.

2a. Mailing Address  
26 3848 N.E. 16 Terr.

Suite, Apt. #, etc.

22  
23 City & State  
Pompano Beach FL

27  
28 City & State  
Pompano Beach FL

24 Zip  
33064  
25 Country

29 Zip  
33064  
30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOUNTOLIAS, NICK JR. 3848 <del>NORTHWEST</del> 16 TERRACE POMPANO BEACH FL 33064	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3848 N.E. 16 Terr.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOUNTOLIAS, JASON 3848 <del>NORTHWEST</del> 16 TERRACE POMPANO BEACH FL 33064	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3848 N.E. 16 Terr.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOUNTOLIAS, NICK SR 3848 <del>NW</del> 16TH TERRACE POMPANO BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3848 N.E. 16 Terr.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Nick Mountolias*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

954-570-4323

Date

Daytime Phone #

CR2034 (11/98)

11/98