

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90023 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S79385**

1. Corporation Name
SAMSCO PRO GEAR, INC.



Principal Place of Business: 15101 NE 21ST AVE, NORTH MIAMI BEACH FL 33162, US

Mailing Address: 15101 NE 21ST AVE, NORTH MIAMI BEACH FL 33162, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/09/1991**

4. FEI Number: **65-0287887** 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: 21 **19430 NE 19 PL** Suite, Apt. #, etc.

22 **No Miami Beach, FL** City & State

23 **33179** Zip **DADE** Country

24 **FRINDEL, BENJAMIN** 19450 NE 19TH PL N. MIAMI BEACH FL 33179

2a. Mailing Address: 26 **15101 NE 21ST AVE** Suite, Apt. #, etc.

27 **No Miami Beach, FL** City & State

28 **33179** Zip **DADE** Country

29 **FRINDEL, BENJAMIN** 19450 NE 19TH PL N. MIAMI BEACH FL 33179

30 **FRINDEL, BENJAMIN** 19450 NE 19TH PL N. MIAMI BEACH FL 33179

81 Name: **FRINDEL, BENJAMIN**

82 Street Address (P.O. Box Number is Not Acceptable): **19450 NE 19TH PL**

83

84 City: **MIAMI BEACH** 85 Zip Code: **33179**

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]* DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRINDEL, BENJAMIN	
STREET ADDRESS	19450 NE 19 PL	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (1/198)