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## 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

| <ol> <li>Corporation</li> </ol>                      | MENT # V12710 ROUND LEATHERS, INC.   |  |                       |                                |                                 |   |  |   |                |              |
|--|--|--|-----------------------|--------------------------------|---------------------------------|---|--|---|----------------|--------------|
| Principal Place                                      | e of Business  | Mailing Address  |                       |                                |                                 | ŀ   |  | ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                |              |
| 3045 N. FEDERAL HWY.<br>FT LAUDERDALE FL 33306<br>US |  | 3045 N. FEDERAL HWY.<br>FT LAUDERDALE FL 33306<br>US             |                       |                                |                                 | DO NOT WRI  | re in this                               | SPACE                                   |                |              |
|  |  |  |                       |                                |                                 |   | Date Incorporated or Qualifed 02/05/1992 |   |                |              |
| • • • • • • • • • • • • • • • • • • •                | long of Prusinger  | 2a. Mailing Address  |                       |                                |                                 |   | FEI Number                               | _                                       | Ann            | lied For     |
| 21   | lace of Business   | 26   |                       |                                |                                 | 65-0324627  |  | Not                                     | Applicable     |              |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  |                       |                                | 5.                              | Certificate of Status Desired                       |  | <b>\$8.75</b> A                         |                |              |
| 22 27 27 27 27 27 27 27 27 27 27 27 27 2             |  |  |                       |                                |                                 |   |  |   |                | <del>`</del> |
| City & State   | е  | City & State   |                       |                                |                                 | Election Campaign Financing Trust Fund Contribution |  | \$5.00 r<br>Added to                    |                |              |
| Zip  | Country  | Zip  | Coun                  | itry                           |                                 | 8.  | This corporation owes the curr           | ent year Inta                           | angible        |              |
| 24   | 25   | 29 30  | 0                     |                                |                                 |   | Personal Property Tax.                   | ·                                       | Yes            | □No          |
| 1  | 9. Name and Address of Current   | Registered Agent   |                       |                                |                                 | 10.   | Name and Address of New F                | legistered /                            | Agent          |              |
|  |  |  |                       |                                | Name                            |   |  |   |                |              |
| HUGHES, MICHAEL H<br>1049 NE 33RD STREET             |  |  | Ī                     | 82 3                           | Street Addres                   | ss (P   | O. Box Number is Not Accepta             | ible)                                   |                |              |
| FT LAUDERDALE FL 33334                               |  |  | ŀ                     | 83                             |                                 |   |  |   |                |              |
|  |  |  |                       | 84                             | City                            |   |  | FL                                      | 85 Zip C       | ode          |
| office or re<br>agent. 1 ar<br>SIGNATURE             | to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations of the state of the section of th | of Florida. Such change was autrons of, Section 607.0505, Florid | norized i<br>a Statut | by the                         | named corporation e corporation | 1 \$ 00   | ard of directors. I hereby accep         | purpose of out the appoint              | changing its i | istered      |
| 12.  | OFFICERS AND   |  | 13.                   |                                |                                 |   | ADDITIONS/CHANGES TO OF                  | FICERS AN                               | D DIRECTOR     | RS IN 12     |
| TITLE  |  |  | _                     | 1,1 TITLE                      |                                 |   | IDDITIONS OF WATCHES FOR OF              | 10 2. 10 7                              | Change         | Addition     |
|  | HUGHES, MICHAEL H.   |  |                       |                                |                                 |   |  |   |                |              |
| NAME   |  |  |                       | 1.2 NAME                       |                                 |   |  |   |                |              |
| STREET ADDRESS                                       |  | 1 1 1 1 D C D D 1 1 E EL 0000 1                                  |                       | 1.3 STREET ADDRESS             |                                 |   |  |   |                |              |
| CITY-ST-ZIP  | ST CAUDERDALE FL 33334   | ☐ DELETE   | •                     | 1.4 CITY-ST-ZIP 2.1 TITLE      |                                 |   |  |   | Change         | Addition     |
| TITLE  |  |  |                       |                                |                                 |   |  |   |                |              |
| NAME   |  |  |                       | 2.2 NAME<br>2.3 STREET ADDRESS |                                 |   |  |   |                |              |
| STREET ADDRESS                                       |  |  |                       | 2. 4 CITY-ST-ZIP               |                                 |   |  |   |                | }            |
| CITY-ST-ZIP<br>TITLE                                 | FI LAUDENDALE FL 33334   | DELETE 3.1   |                       |                                | <u> </u>                        |   |  | _                                       | Change         | Addition     |
| NAME   |  |  |                       | 3.2 NAME                       |                                 |   |  |   |                |              |
| STREET ADDRESS                                       |  |  | 4                     |                                | DDRESS                          |   |  |   |                |              |
| CITY-ST-ZIP  |  |  |                       | 3.4. CITY-ST-ZIP               |                                 |   |  |   |                |              |
| TITLE  |  |  |                       | 4.1 TITLE                      |                                 |   |  |   | ☐ Change       | ☐ Addition   |
| NAME   | 4.2  |  | 4, 2 NAJ              | 4. 2 NAME                      |                                 |   |  |   |                |              |
| STREET ADDRESS                                       |  |  | 4.3 STR               | EET AI                         | DDRESS                          |   |  |   |                |              |
| CITY+ST-ZIP  | 4.4.0  |  | 4.4 CITY              | Y-\$T-Z                        | ZIP                             |   |  |   |                |              |
| TITLE  |  | ☐ DELETE   | 5.1 TITE              |                                |                                 |   |  |   | Change         | Addition )   |
| NAME   |  | •  | 5.2 NAM               |                                |                                 |   |  |   |                |              |
| STREET ADDRESS                                       |  |  |                       |                                | DORESS                          |   |  |   |                |              |
| CITY-ST-ZIP  |  |  | 5.4 CITY              |                                | ZIP                             |   |  |   | []Ch           | - Addition   |
| TITLE  |  | ☐ DELETE   | 6.1 TITL              |                                | İ                               |   |  |   | Change         | Addition     |
| NAME   |  |  | 6.2 NAM               | 4E                             |                                 |   |  |   |                |              |

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 supplied ental 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 of 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 ghigh all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Date