


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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 274332 (6) 1. Corporation Name WINDMERE-DURABLE HOLDINGS, INC.					
Principal Place of Business 5980 MIAMI LAKES DR. MIAMI LAKES FL 33014			Mailing Address 5980 MIAMI LAKES DR. MIAMI LAKES FL 33014		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1963	
21 Suite, Apt. #, etc.	26	4. FEI Number 59-1028301		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	25	29 Zip		30 Country	
9. Name and Address of Current Registered Agent GARRETT, RICHARD G. 1221 BRICKELL AVENUE, SUITE 2000 MIAMI FL 33131				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					
TITLE	V <input type="checkbox"/> DELETE				
NAME	SCHULMAN, HARRY D				
STREET ADDRESS	5980 MIAMI LAKES DRIVE				
CITY-ST-ZIP	MIAMI LAKES FL				
TITLE	VD <input type="checkbox"/> DELETE				
NAME	GARRETT, BARBARA F.				
STREET ADDRESS	5980 MIAMI LAKES DR				
CITY-ST-ZIP	MIAMI LAKES FL				
TITLE	V <input type="checkbox"/> DELETE				
NAME	HONIG, BURTON A.				
STREET ADDRESS	5980 MIAMI LAKES DR				
CITY-ST-ZIP	MIAMI LAKES FL				
TITLE	SD <input type="checkbox"/> DELETE				
NAME	ROSEN, JERALD I				
STREET ADDRESS	5980 MIAMI LAKES DR				
CITY-ST-ZIP	MIAMI LAKES FL				
TITLE	AS <input type="checkbox"/> DELETE				
NAME	LEDBETTER, JOANN				
STREET ADDRESS	5980 MIAMI LAKES DR				
CITY-ST-ZIP	MIAMI LAKES FL				
TITLE	OPD <input type="checkbox"/> DELETE				
NAME	FRIEDSON, DAVID				
STREET ADDRESS	5980 MIAMI LAKES DR				
CITY-ST-ZIP	MIAMI LAKES FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		AV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME		SOLOVEI, CINDY			
1.3 STREET ADDRESS		5980 MIAMI LAKES DRIVE			
1.4 CITY-ST-ZIP		MIAMI, FL 33014			
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.

SIGNATURE:

Cindy Solovei CINDY SOLOVEI 4/17/98 (305) 362-2611

CR2E034 (10/97)