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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 575497 (3)

1. Corporation Name

AMERICAN WHIRLPOOL PRODUCTS CORP.



Principal Place of Business

Mailing Address

**3050 N 29TH COURT
HOLLYWOOD FL 33020**

**3050 N 29TH COURT
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified

06/12/1978

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

**SITLES, MICHAEL J.
3050 N. 29TH COURT
3050 N. 29TH COURT
HOLLYWOOD FL 33020-5317**

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's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

BARRETT, J. PATRICK

3050 N. 29TH CT.

HOLLYWOOD FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

STILES, MICHAEL J.

2866 NE 29TH ST.

FT. LAUD FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

STILES, MICHAEL J.

2866 NE 29TH ST.

FT. LAUD FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

KATZ, JEANETTE

9770 SW 15TH DR.

DAVIE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

SIGNATURE:

Jeannette Katz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANETTE KATZ

4/9/96

954-921-4400

DATE

DAYTIME PHONE

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.