FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F39288** **(8)**

1. Corporation Name

SOFTAIRE DIFFUSERS, INC.

Principal Place of Business

C/O HOWARD W. LOCKER
16630 HIDDEN COVE DR
JUPITER FL 33477

Mailing Address

C/O HOWARD W. LOCKER
16630 HIDDEN COVE DR
JUPITER FL 33477

3. Date Incorporated or Qualified: 06/03/1981

3a. Date of Last Report: 06/19/1995

2. Principal Place of Business
21 2020 BRAMBLEWOOD RD
22 Suite/Apt. #, etc. ~~Holly~~
23 City & State: HOLLY MICHIGAN
24 Zip: 48442
25 Country: OAKLAND

2a. Mailing Address
26 2020 BRAMBLEWOOD RD
27 Suite, Apt. #, etc.
28 City & State: HOLLY MI.
29 Zip: 48442
30 Country: OAKLAND

4. FEI Number: 59-2120165 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOCKER, HOWARD W.
16630 HIDDEN COVE DR
JUPITER FL 33477

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: _____ NOTE: Registered Agent signature required when changing. DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	LOCKER, HOWARD W	
STREET ADDRESS	16630 HIDDEN COVER DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	☐ DELETE
NAME	LOCKER, MARY	
STREET ADDRESS	16630 HIDDEN COVE DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	PD	☐ DELETE
NAME	HODGES, GARY	
STREET ADDRESS	C/O 16630 HIDDEN COVE DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE	VT	☐ DELETE
NAME	HODGES, MARJORIE	
STREET ADDRESS	C/O 16630 HIDDEN COVE DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: Gary Hodges — 4-30-96 — 810-750-1396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)