

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F39288 (8)
 1. Corporation Name
SOFTAIRE DIFFUSERS, INC.



Principal Place of Business 2020 BRAMBLEWOOD RD. 16630 HIDDEN COVE DR HOLLY MI 48442 US	Mailing Address 2020 BRAMBLEWOOD RD. 16630 HIDDEN COVE DR HOLLY MI 48442-8311 US
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2. Principal Place of Business 21 2020 BRAMBLEWOOD RD. Suite, Apt. #, etc. 22 City & State 23 Holly MI. Zip 24 48442 Country 25 USA	2a. Mailing Address 26 2020 BRAMBLEWOOD RD. Suite, Apt. #, etc. 27 City & State 28 Holly MI. Zip 29 48442 Country 30 USA
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3. Date Incorporated or Qualified 06/03/1981	3a. Date of Last Report 05/01/1996
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: LOCKER, HOWARD W 82 Street Address (P.O. Box Number is Not Acceptable): 7770 17TH WAY N. 83 84 City: ST. PETERSBURG FL 85 Zip Code: 33702
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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 *Howard W. Locker* **HOWARD W. LOCKER** **4-21-97**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) 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	CD	☒ Change ☐ Addition
1.2 NAME	LOCKER, HOWARD W	
1.3 STREET ADDRESS	7770 17TH WAY N.	
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702	
2.1 TITLE	SD	☒ Change ☐ Addition
2.2 NAME	LOCKER, MARY	
2.3 STREET ADDRESS	7770 17TH WAY N.	
2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702	
3.1 TITLE	PD	☒ Change ☐ Addition
3.2 NAME	HODGES, GARY	
3.3 STREET ADDRESS	C/O 7770 17TH WAY N.	
3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702	
4.1 TITLE	VT	☒ Change ☐ Addition
4.2 NAME	HODGES, MARJORIE	
4.3 STREET ADDRESS	C/O 7770 17TH WAY N.	
4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702	
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 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: *GARY HODGES* **GARY HODGES** **4-21-97** **810-750-1396**

CR2E034 (9/96)