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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F39288

(8)

SOFTAIRE DIFFUSERS, INC.

FILED

Apr 22 1998 8:00am

Secretary of State

Principal Place	of Business	Mailing Address			CIRSE DIDE DIDE CIRSE DEDIE 1886
2020 BRAMBLEWOOD RD 18830 HIDDEN COVE DR HOLLY MI 48442 US		2020 BRAMBLEWOOD RD 16630 HIDDEN COVE DR HOLLY MI 48442 US		DO NOT WRITE IN T	HIS SPACE
				Date Incorporated or Qualified 06/03/1981	
	ace of Business	2a. Mailing Address	40	4. FEI Number	Applied For
	BRAMBIEWOOD RD		AMBLOWOOD R	59-2120165	Not Applicable
Suite, Apt. :	#, 6 1C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	14/	6. Election Campaign Financing	\$5.00 May Be
23 Hozu		28 Howy,	/11	Trust Fund Contribution	Added to Fees
24 4844 24 4844	2 25 USA	29 48442	Country 30 USA	 This corporation owes or has paid the Personal Property Tax due June 30. 	e current year Intangible Yes No
24 40 14	9, Name and Address of Current	J	1301 0 27 1	10. Name and Address of New Registe	
LOCKER, HOWARD W. 81 NEW P. 77				JORIE HODGES	
7770 17TH WAY N				ress (P.O. Box Number is Not Acceptable)	
ST PETERSBURG FL 33702					
			°° ≤₹	PETERLBURGH	
			84 City		FL 85 Zip Code 33707
11 Pursuant t	to the provisions of Sections 607 0502	and 607.1508. Florida Statu	les, the above-named cor	poration submits this statement for the purpo	se of changing its registered
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 appointment of Section 607.0505, Florida Statutes.					
- 1/V/ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
SIGNATURE	Signature, typed or project name of region to agent	rest title il supre sièce (NO)	L. Registered Agent signature requ	ired when reinstating) DA	YE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	CD HOWADD W	DELETE	1.1 TOLE		Change Addition
NAME	LOCKER, HOWARD W 7770 17TH WAY N		1.2 NAME		
STREET ADDRESS	ST PETERSBURG FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	LOCKER, MARY	_	2.2 NAME		
STREET ADDRESS	7770 17TH WAY N		2.3 STREET ADDRESS		
CITY-ST-ZIP	BT PETERSBURG FL		2. 4 City-St-7iP	÷	
TITLE	PD	DELETE	3.1 TITLE		Change Addition
NAME	HODGES, GARY		3.2 NAME		
STREET ADDRESS	7770 17TH WAY N		3.3 STHEET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	VT Hodges, Marjorie		4.1 TITLE		Change C Addition
NAME	7770 17TH WAY N		4 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY+ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	7,10,0,10,0,10,10	DELETE	5 1 TiTLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	_		5.4 CITY-ST-7IP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	andle that the information arms is already	to this filling does not qualify:	6.4 CITY-ST-ZIP	n Section 119.07(3Vi). Florida Statules Uturth	er certify that the information
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 Statules. I further certify that the information indicated on this annual report or suppliemental 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, only an attachment with an address.					