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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

F50357

(5)

MOTION PRODUCTS, INC.

DOCUMENT #

1. Corporation Name

FILED Mar 21 1996 8:00 am Secretary of State

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| | of Business | Mailing Address | | | | | | |
|--|--|-----------------------------------|--|--|---|-------------------------------|-----------------------|------------------------|
| 621 NW 36TH ST. POMPANO BCH FL 33064 | | 621 NW 36TH ST. POMPANO BCH FL | 621 NW 36TH ST. POMPANO BCH FL 33064 | | | | | |
| | | | | | Date Incorporated or Qualified 10/20/1981 | 3a. Dale | of Last Re 6/16/19 | |
| 2. Principal Pla | ce of Business | 2a, Mailing Address | | | 4. FEI Number | | A | Applied For |
| 21 | CC OF BEIGNIOSS | 26 | | | 59-2135670 | | | Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional Required |
| City & State City & S | | City & State | - & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May B Added to Fees | | |
| 23] Zip | Country 25 | Zip | Country 30 | · · · · · · · · · · · · · · · · · · · | | □ No | | 199.032, |
| 24 | 9. Name and Address of Curre | | _1=- | | 10. Name and Address of New F | Registered A | gent | |
| | 3 . | | 81 | Name | | | | |
| | ETT, LINDA S. | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptat | r'e) | | |
| | I. RIVERSIDE DR. ANO BEACH FL 33062 | | 83 | 1 | | | | |
| PUMPA | INU DEMON FL 33002 | | 84 | City | | FL. | 85 Z¢ | n Code |
| | 10-1 | in and 607 1508 Florida Statu | tos the above | named como | ration submits this statement for the purify of directors. Thereby accept the app | rpose of cha | nging its r | egistered office |
| | | | | poration's boa | ird of directors. Thereby accept the app | oniment as | registered | agent. I am |
| familiar wit | th, and accept the obligations of, Sec | ction 607.0505, Ffonda Statute | S. | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered age | nt and title if applicable (N | Of E Registered Age | ent signature regular | | JEAG | | |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OF | | | |
| TITLE | CPT | ☐ DELETE | 1, 1 TITLE | | | |] Change | Addition |
| NAME | HAMMETT, JOSEPH R | | 1.2 NAME | | | | | |
| STREET ADDRESS | 2105 N. RIVERSIDE DR. | | 13 STREE | ET ADDRESS | | | | |
| | | | 1.4.CITV | S1 - ZIP | | | | |
| CITY_CT.7IP | POMPANO BEACH FL | | TA GITC | | | | Change | Addition |
| CITY-S!-ZIP TITLE | POMPANO BEACH FL VS | ☐ DELETE | 2 1 101.5 | , | | | _ | |
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| TITLE NAME | VS HAMMETT, LINDA S | ☐ DELETE | 2 1 TIPLE 2 2 NAME | | | [| _ • • • | |
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certify that the information indicated on this annual report or supplementa: annual report is true and accurate anothal my signature shall have the same eight direct as in made to be eath; 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:

3/15/94 305 783 -7003