

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1

1997 AUG 20 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F50357** (5)
1. Corporation Name
MOTION PRODUCTS, INC.



Principal Place of Business 621 NW 36TH ST. POMPANO BCH FL 33064	Mailing Address 621 NW 36TH ST. POMPANO BCH FL 33064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/20/1981		3a. Date of Last Report 03/21/1996	
				4. FEI Number 59-2135670		☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent HAMMETT, LINDA S. 2105 N. RIVERSIDE DR. POMPANO BEACH FL 33062				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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CPT	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	HAMMETT, JOSEPH R			1.2 NAME			
STREET ADDRESS	2105 N. RIVERSIDE DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VS	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	HAMMETT, LINDA S			2.2 NAME			
STREET ADDRESS	2105 N. RIVERSIDE DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 _____ DATE **8.16.97** **0511 783 9003**

CR2E034 (4/97)

MOTION PRODUCTS, INC.
621 NW 36th Street (Sample Road)
POMPANO BEACH, FL 33064

(305) 783-9003
1 800-247-2991 FL Only

TO

Division of Corporations
Annual Reports Section
Po. Box 1500
Tallahassee, FL 32302

DATE

8.6.97

SUBJECT

Corp. Annual Report

②

To Whom it may Concern:

This was pd on 1-2-97 with check # 1928,
I have checked the bank several times
to see if this has cleared. I also have
left several messages with the state
concerning this check being received.
I now have placed a stop payment &
issued a new check. IF you should have
questions please feel free to contact me.

SIGNED

Velli Rizzo.

☐ PLEASE REPLY

☐ NO REPLY NECESSARY