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Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90003 024 ***150.00

09-23-1999 90007 004 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J07027

1. Corporation Name
NATIONWIDE PRODUCTS, INC.

Principal Place of Business

C/O HAL FISHBACH
 5371 NW 33RD AVE SUITE 205
 FORT LAUDERDALE FL 33309
 US

Mailing Address

C/O HAL FISHBACH
 5371 NW 33RD AVE SUITE 205
 FORT LAUDERDALE FL 33309
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1986

4. FEI Number

58-1666908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.

☐ Yes☒ No

2. Principal Place of Business

21 **4555 NW 103RD AVE**
 Suite, Apt. #, etc.

2a. Mailing Address

26 **4555 NW 103RD AVE**
 Suite, Apt. #, etc.

22 **2ND FLOOR-SUITE 250**
 City & State

27 **2ND FLOOR-SUITE 250**
 City & State

23 **SUNRISE FL**
 Zip Country

28 **SUNRISE FL**
 Zip Country

24 **33351** 25 **US**

29 **33351** 30 **US**

9. Name and Address of Current Registered Agent

FISHBACH, HAL
5371 NORTHWEST 33RD AVENUE #205
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

SAM

82 Street Address (P.O. Box Number is Not Acceptable)

SOC 2A

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
 NAME **SWIFT, ERIC**
 STREET ADDRESS **2 EXECUTIVE DRIVE #3**
 CITY-ST-ZIP **MOORESTOWN NJ**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 8/19/99

69 866 P850

CR2E034 (1/1/98)