FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 27 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M33082 (2)

1. Corporation Name
METHOD PRODUCTS CORP.

Principal Place of Business	Mailing Address
4699 N FEDERAL HWY #205K POMPANO BCH FL 33064	4699 N FEDERAL HWY #205K POMPANO BCH FL 33064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1986
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21 1301 West COPANS ROAD
Suite, Apt. #, etc.
22 G-1
City & State
23 POMPANO Beach, FL. 33064
Zip 24 33064 Country 25 BROWARD

2a. Mailing Address
26 1301 West COPANS ROAD
Suite, Apt. #, etc.
27 G-1
City & State
28 POMPANO Beach, Florida
Zip 29 33064 Country 30 BROWARD

4. FEI Number: 59-2680034 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 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

WEITSMAN, MARK
4699 N. FEDERAL HWY.
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name: Weitsman, Mark
82 Street Address (P.O. Box Number is Not Acceptable): 1301 West COPANS ROAD
83 Suite G-1
84 City: POMPANO Beach FL 85 Zip Code: 33064

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President ☒ Change ☐ Addition
NAME	WEITSMAN, MARK I.	1.2 NAME	Weitsman, mark I
STREET ADDRESS	11368 SW 117 CT	1.3 STREET ADDRESS	2049 Discovery Circle EAST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	POMPANO Beach, FL. 33064
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BEAUBIEN, MICHAEL	2.2 NAME	
STREET ADDRESS	6820 BAYFRONT CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Mark I. Weitsman President 1-23-95 (305) 968-1913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0104448 CP