SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M33082** **(2)**

1. Corporation Name
METHOD PRODUCTS CORP.

Principal Place of Business	Mailing Address
1301 WEST COPANS ROAD G-1 POMPANO BCH FL 33064 US	1301 WEST COPANS ROAD G-1 POMPANO BCH FL 33064 US

3. Date Incorporated or Qualified: **06/04/1986**
3a. Date of Last Report: **01/27/1995**

4. FEI Number: **59-2680034** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1301 West COPANS ROAD	26 1301 West COPANS ROAD
22 Suite F-1	27 Suite F-1
23 POMPANO Beach FL.	28 POMPANO Beach FL
24 Zip 33064 25 Country	29 Zip 33064 30 Country

9. Name and Address of Current Registered Agent

WEITSMAN, MARK
1301 WEST COPANS ROAD
SUITE G-1
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name: MARK Weitsman
82 Street Address (P.O. Box Number is Not Acceptable): 1301 West COPANS ROAD
83 Suite F-1
84 City: POMPANO Beach FL 85 Zip: 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: Mark I Weitsman MARK I Weitsman 6-7-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEITSMAN, MARK I.		1.2 NAME		
STREET ADDRESS	2049 DISCOVERY CIRCLE EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	Vice President	☐ Change ☐ Addition
NAME	BEAUBIEN, MICHAEL		2.2 NAME	Michael Beaubien	
STREET ADDRESS	6820 BAYFRONT CIRCLE		2.3 STREET ADDRESS	9907 Moss Pond Drive	
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP	Boca Raton, Florida 33496	
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		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark I Weitsman MARK I Weitsman 6-7-96 (954)968-1913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP