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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:56

DOCUMENT # **M49298** **(6)**

1. Corporation Name
WINDMERE FAN PRODUCTS, INC.

Principal Place of Business	Mailing Address
% WINDMERE CORPORATION 5980 MIAMI LAKES DR. MIAMI LAKES FL 33014	% WINDMERE CORPORATION 5980 MIAMI LAKES DR. MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1987
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2838565 ☐ 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 (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

GARRETT, RICHARD G.
1221 BRICKELL AVENUE
SUITE 2000
MIAMI FL 33131

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 (Signature of new registered agent, if appointed) (Title) (Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FRIEDSON, DAVID M.	12 NAME	
STREET ADDRESS	5980 MIAMI LKS DR	13 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	THALER, ARNOLD	22 NAME	
STREET ADDRESS	5980 MIAMI LKS DR	23 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	24 CITY ST ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	HONIG, BURTON A.	32 NAME	
STREET ADDRESS	5980 MIAMI LAKES DR	33 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	SCHULMAN, HARRY D.	42 NAME	
STREET ADDRESS	5980 MIAMI LAKES DR.	43 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	HEINLEIN, JOHN A.	52 NAME	
STREET ADDRESS	5980 MIAMI LAKES DR.	53 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 if changed or added on an attachment with an address.

SIGNATURE: John Heinlein JOHN HEINLEIN TREASURER 1-13-95 (305) 362-2611
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) (Title) (Date) (Daytime Phone #)

0088363 CP