

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **M97419** (9)
1. Corporation Name
WILES ROAD ASSOCIATES, INC.



Principal Place of Business
**11500 WILES ROAD
CORAL SPRINGS FL 33076-2116**

Mailing Address
**3111 UNIVERSITY DRIVE
SUITE 720
CORAL SPRINGS FL 33065-5099**

3. Date Incorporated or Qualified
09/06/1988

3a. Date of Last Report
04/22/1996

4. FEI Number
59-2968215

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

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

9. Name and Address of Current Registered Agent

**FISHER, LAWRENCE
3111 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P, D** ☐ DELETE
NAME **FISHER, LAWRENCE**
STREET ADDRESS **3111 UNIVERSITY DRIVE #720**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/97

(54) 345-8666

Daytime Phone #

0148935

CR2E034 (9/96)

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F94000003117 (8)**

1. Corporation Name

ELCO CONSUMER PRODUCTS CORP.



Principal Place of Business

Mailing Address

**1111 SAMUELSON RD.
ROCKFORD IL 61125**

**P.O. BOX 7009
ROCKFORD IL 61125-7009**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 **40 Westminster Street**

22 City & State 27 Suite, Apt. #, etc.

23 City & State 28 **Providence, RI**

24 Zip 25 Country 29 Zip 30 Country

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

02/06/1996

4. FEI Number

36-3465048

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

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
STENBERG, JAMES R**
STREET ADDRESS **1111 SAMUELSON RD.**
CITY-ST-ZIP **ROCKFORD IL 61125**

TITLE ☐ DELETE

NAME **VD
DELUCA, AUGUST F**
STREET ADDRESS **1111 SAMUELSON RD.**
CITY-ST-ZIP **ROCKFORD IL 61125**

TITLE ☐ DELETE

NAME **ST
HEAL, KENNETH L**
STREET ADDRESS **1111 SAMUELSON RD.**
CITY-ST-ZIP **ROCKFORD IL 61125**

TITLE ☐ DELETE

NAME **D
LUTZ, JOHN C**
STREET ADDRESS **1111 SAMUELSON RD.**
CITY-ST-ZIP **ROCKFORD IL 61125**

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 **V
Watson, Richard A.**
1.3 STREET ADDRESS **40 Westminster Street**
1.4 CITY-ST-ZIP **Providence, RI 02903**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **V
Hudson, Gregory E.**
2.3 STREET ADDRESS **40 Westminster Street**
2.4 CITY-ST-ZIP **Providence, RI 02903**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **V
Friedman, Arnold**
3.3 STREET ADDRESS **40 Westminster Street**
3.4 CITY-ST-ZIP **Providence, RI 02903**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **AS
Willaman, Ann T.**
4.3 STREET ADDRESS **40 Westminster Street**
4.4 CITY-ST-ZIP **Providence, RI 02903**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **AT
Fredericks, Thomas J.**
5.3 STREET ADDRESS **40 Westminster Street**
5.4 CITY-ST-ZIP **Providence, RI 02903**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **AT
Cassidy, Roxanne E.**
6.3 STREET ADDRESS **40 Westminster Street**
6.4 CITY-ST-ZIP **Providence, RI 02903**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roxanne E. Cassidy

4/14/97

(401) 421-2800

Date

Daytime Phone #

CR2E034 (9/96)