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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P33072

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FLEXIBLE FOAM PRODUCTS, INC.

FILED May 19 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 3225 N W 107TH STREET P O BOX 126 SPENCERVILLE OH 45887-0124 MIAMI FL 33167 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1991 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 62-0862958 21 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country Zip This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name LEOPOLD. HERMANN R **6220 N.W. 180TH TERRACE** 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015** 83 84 City Zip Code 85 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 it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typied or ponted naise of registered agent and tried applicator (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ■ Addition 1.1 DILE TITLE MOELLER, CHARLES D. NAME 12 NAME 220 S. ELIZABETH STREET STREET ADDRESS 1.3 STREET ADDRESS SPENCERVILLE OH CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE T Change Addition 2.1 TITLE TITLE MOELLER, BRODERICK NAME 2.2 NAME 220 S. ELIZABETH STREET STREET ADDRESS 23 STREET ADDRESS SPENCERVILLE OH CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE JERWERS, DONALD L NAME **3.2 NAME** 220 S. ELIZABETH STREET STREET ADDRESS 3.3 STREET ADDRESS SPENCERVILLE OH CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE MOELLER, CHARLES L. 4 2 NAME NAME 220 S. ELIZABETH STREET STREET ADDRESS 4.3 STREET ADDRESS SPENCERVILLE OH CITY-ST-ZiP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing goes 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 trusted 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.