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 # **P94000089169 (4)**

1. Corporation Name

EVAFLO FILTERS, INC.

Principal Place of Business	Mailing Address
13080 S. BELCHER RD. BLDG. 3 LARGO FL 34643	13080 S. BELCHER RD. BLDG. 3 LARGO FL 34643

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report: 06/21/1995
4. FEI Number: 65-0523876 — 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: 11788-B 66th St N
22: Suite, Apt #, etc.
23: City & State: LARGO FL
24: Zip: 33723
25: Country: PINELLAS

2a. Mailing Address
26: P.O. Box 3075
27: Suite, Apt #, etc.
28: City & State: PINELLAS PARK FL
29: Zip: 33780-3075
30: Country: PINELLAS

9. Name and Address of Current Registered Agent

KAUFMANN, BRUCE G
11151 - 66TH ST. N.
SUITE 401
LARGO FL 34643

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

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	LEVIN, RICHARD E
STREET ADDRESS	~~9100 - 9TH ST. N., APT. 902~~ 9933 39th St N
CITY-ST-ZIP	~~ST. PETERSBURG FL 33702~~ Pinellas Park FL 337[illegible]
TITLE	D ☐ DELETE
NAME	KAUFMANN, BRUCE G
STREET ADDRESS	11151 - 66TH ST. N., SUITE 401
CITY-ST-ZIP	LARGO FL ~~34643~~ 33773
TITLE	D ☐ DELETE
NAME	GARDCIA, JIM ANTHONY
STREET ADDRESS	P O BOX 53359
CITY-ST-ZIP	SAN JOSE CA 95153
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	

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: Bruce Kaufman — BRUCE G. KAUFMANN J.D. — 7/31/96 — 813 541-3447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Registered Agent, Bod