

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90114 037 \*\*\*150.00

0274337

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000054006**

1. Corporation Name  
**PURITY PRODUCTS, INC.**



Principal Place of Business  
 1111 NW 159TH DR.  
 MIAMI FL 33169

Mailing Address  
 1111 NW 159TH DR.  
 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/13/1995

4. FEI Number  
 65-0593733

Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OXENBERG, HARVEY**  
 1111 NW 159 DR  
 MIAMI FL 33169

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **VPCS FLEISCHMAN, DAVID H**  
 STREET ADDRESS **1111 NW 159TH DR**  
 CITY-ST-ZIP **MIAMI FL**

1.1 TITLE P/D  Change  Addition  
 1.2 NAME **OXENBERG, HARVEY**  
 1.3 STREET ADDRESS **1111 NW 159th DRIVE**  
 1.4 CITY-ST-ZIP **MIAMI, FL 33169**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.1 TITLE D  Change  Addition  
 2.2 NAME **OXENBERG, LAWRENCE**  
 2.3 STREET ADDRESS **1111 NW 159th DRIVE**  
 2.4 CITY-ST-ZIP **MIAMI, FL 33169**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE D  Change  Addition  
 3.2 NAME **OXENBERG, LINDA**  
 3.3 STREET ADDRESS **1111 NW 159th DRIVE**  
 3.4 CITY-ST-ZIP **MIAMI, FL 33169**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE V/T/S  Change  Addition  
 4.2 NAME **FLEISCHMAN, DAVID H**  
 4.3 STREET ADDRESS **1111 NW 159th DRIVE**  
 4.4 CITY-ST-ZIP **MIAMI, FL 33169**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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 officer 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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)