

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

FILED

Feb 13 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 # P96000050516 (9)

1. Corporation Name  
AIM PRODUCTS, INC.



Principal Place of Business

BAY PARK EXECUTIVE CENTER  
18860 US 19, SUITE 135  
CLEARWATER FL 34624

Mailing Address

BAY PARK EXECUTIVE CENTER  
18860 US 19, SUITE 135  
CLEARWATER FL 34624-3106

3. Date Incorporated or Qualified  
06/12/1996

3a. Date of Last Report

4. FEI Number

59-3384244

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 13707-D 66 St N

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Largo FL Pinellas

City & State

28 Largo FL Pinellas

Zip

24 33771

Country

25 USA

Zip

29 33771

Country

30 USA

9. Name and Address of Current Registered Agent

LEIMKUEHLER, KIRK  
BAY PARK EXECUTIVE CENTER  
18860 US 19, SUITE 135  
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

Gregory Weibel

82 Street Address (P.O. Box Number is Not Acceptable)

83 1333 S. Belcher Rd. Lot. 103

84 1399

City Largo

FL

85 Zip Code

33771

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

Gregory Weibel GREGORY WEIBEL PRES.

2-10-97

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 PSTD  
NAME LEIMKUEHLER, KIRK  
STREET ADDRESS 18860 US 19, S-135  
CITY-ST-ZIP CLEARWATER FL 34624

☒ DELETE

TITLE President  
NAME Weibel, Gregory G  
STREET ADDRESS 1033 S. Belcher Rd Lt 103  
CITY-ST-ZIP Largo, FL 33771

☐ DELETE

TITLE V.P.  
NAME Patricia Weibel  
STREET ADDRESS 2597 Countryside Blvd #109  
CITY-ST-ZIP Clearwater, FL 34621

☐ DELETE

TITLE Sec.  
NAME Maureen Weibel  
STREET ADDRESS 1387 Ventnor Ave.  
CITY-ST-ZIP Tarpon Springs, FL 34689

☐ DELETE

TITLE Tr.  
NAME Theresa Godin  
STREET ADDRESS 13815 - 84 Terr N  
CITY-ST-ZIP Seminole, FL 33776

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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: Gregory Weibel GREGORY WEIBEL 2-10-97 813-532-8455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)