

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

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000050516 (9)**

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

Principal Place of Business

13707-D 66 ST N.  
18860 US 19, SUITE 135  
LARGO FL 33771  
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 13707 66th St #D

Suite, Apt. #, etc.

22 Unit D

City & State

23 Largo FL

Zip

24 33771

Country

25 USA

2a. Mailing Address

26 13707 66th St

Suite, Apt. #, etc.

27 Unit D

City & State

28 Largo FL

Zip

29 33771

Country

30 USA

9. Name and Address of Current Registered Agent

GREGORY WEIBEL  
1333 S. BELCHER RD., LOT 1036  
18860 US 19, SUITE 135  
LARGO FL 33771

10. Name and Address of New Registered Agent

81 Name

Gregory WEIBEL

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

13707 66th Street N, Unit D

83

84 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 PRES.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

✓ 3-18-98

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WEIBEL, GREGORY G.	
STREET ADDRESS	1033 S. BELCHER RD., LOT 103	
CITY - ST - ZIP	LARGO FL	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PATRICIA WEIBEL	
STREET ADDRESS	2597 COUNTRYSIDE BLVD., #109	
CITY - ST - ZIP	CLEARWATER FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MAUREEN WEIBEL	
STREET ADDRESS	1387 VENTNOR AVE.	
CITY - ST - ZIP	TARPON SPRINGS FL	

TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	THERESA GODIN	
STREET ADDRESS	13815-84 TERRACE N.	
CITY - ST - ZIP	SEMINOLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEIBEL, GREGORY G.	
1.3 STREET ADDRESS	13707 66th Street, UNIT D	
1.4 CITY - ST - ZIP	LARGO, FL 33771	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 ✓ 3-18-98 813-530-0387

CR2E034 (10/97)