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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000030565

1. Corporation Name

CONSUMER ENGINEERED PRODUCTS CORP

Principal Place of Business

11680 POINT DRIVE, SOUTH
MERRITT ISLAND FL 32952

Mailing Address

11680 POINT DRIVE, SOUTH
MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1998

4. FEI Number

☒ 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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2600 KIRBY AVE. NE

Suite, Apt. #, etc.

22 SUITE - 11

City & State

23 PALM BAY, FL

Zip

24 32905-3433

Country

25 FLORIDA

2a. Mailing Address

26 2600 KIRBY AVE NE

Suite, Apt. #, etc.

27 SUITE - 11

City & State

28 PALM BAY, FL

Zip

29 32905-3433

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

BRADLEY, FRANCIS M
427 TIMBERLAKE DRIVE
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name

WARREN A. McFADDEN

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

11680 POINT DRIVE

83

84 City

SO. MERRITT ISLAND, FL

85 Zip Code

32952

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 WARREN A. McFADDEN, TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

Warren A. McFadden 1/8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME BRADLEY, FRANCIS M
STREET ADDRESS 427 TIMBERLAKE DRIVE
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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 P ☐ Change ☒ Addition

1.2 NAME WILLIAM D. MONOCO
1.3 STREET ADDRESS 1084 BOSTON POST RD.
1.4 CITY-ST-ZIP MADISON, CT 06443

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME ALAN W. BAGLEY
2.3 STREET ADDRESS 2600 KIRBY AVE. NE
2.4 CITY-ST-ZIP PALM BAY, FL 32905-3433

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME WARREN A. McFADDEN
3.3 STREET ADDRESS 11680 POINT DR.
3.4 CITY-ST-ZIP SO. MERRITT ISLAND, FL 32952

4.1 TITLE S ☐ Change ☒ Addition

4.2 NAME WILLIAM T. GUNN
4.3 STREET ADDRESS 250 GAMEWELL RD SW
4.4 CITY-ST-ZIP PALM BAY, FL 32908-1207

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

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, with all other like empowered.

SIGNATURE: WARREN A. McFADDEN, TREASURER Warren A. McFadden 1/8/99 407-773-3206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)