

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90105 012 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000032376**

1. Corporation Name

**ATMOSPHERE PRODUCTS CO., INC.**

Principal Place of Business

3509 NW 10TH AVENUE  
FT. LAUDERDALE FL 33309

Mailing Address

P.O. BOX 190645  
LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

22-2924186

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3509 NW 10<sup>th</sup> AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City &amp; State

23 Zip Country

City &amp; State

28 Zip Country

9. Name and Address of Current Registered Agent

HURWITZ, HOWARD  
3821 ENVIRON BLVD. - APT. 607  
LAUDERHILL FL 33319

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

*Howard I. Hurwitz*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/99

12. OFFICERS AND DIRECTORS

TITLE	Howard I. Hurwitz, President	<input checked="" type="checkbox"/> DELETE
NAME	3821 Environ Blvd. Apt 607	
STREET ADDRESS	Lauderhill, FL 33319-4218	
CITY-ST-ZIP		

TITLE	Jacqueline K. Hurwitz, Secretary	<input type="checkbox"/> DELETE
NAME	3821 Environ Blvd. Apt 607	
STREET ADDRESS	Lauderhill, FL 33319-4218	
CITY-ST-ZIP		

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

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

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 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 (954) 564-3331

Date

Daytime Phone #

CR2E034 (11/98)