

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # 579031 (6)

1. Corporation Name
INSURADYNE CORP.



Principal Place of Business Mailing Address
755 RINEHART ROAD P.O. BOX 958402 LAKE MARY FL 32795-5402

3. Date Incorporated or Qualified **07/13/1978** 3a. Date of Last Report **04/24/1995**
4. FEI Number **63-0761784** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, DAVID C
755 RINEHART RD
LAKE MARY FL 32746**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIHAKIS, GEORGE	
STREET ADDRESS	755 RINEHART RD	
CITY - ST - ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEIL SR, FERD F	
STREET ADDRESS	505 N 20TH ST	
CITY - ST - ZIP	BIRMINGHAM, AL 00000	
TITLE	VTO	<input type="checkbox"/> DELETE
NAME	THOMPSON, DAVID C	
STREET ADDRESS	755 RINEHART RD	
CITY - ST - ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RITCHEY, FERRIS S, JR.	
STREET ADDRESS	1910 28TH AVE., SOUTH	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROEHM, CHARLES J.	
STREET ADDRESS	TWIN LAKES DR., BOX 510	
CITY - ST - ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLENIX, CHARLES, DR	
STREET ADDRESS	57 OVERLOOK DRIVE	
CITY - ST - ZIP	GOLF IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	Lake Mary, FL 32746
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	Birmingham, AL 36226
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	Lake Mary, FL 32746
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	Birmingham, AL 35209
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	702 Waukegan Road
6.4 CITY - ST - ZIP	Glenview, IL 60025

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 *David C. Thompson* **David C. Thompson** January 18, 1996 (407) 321-7113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)