

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

DOCUMENT # F74692 (7)
1. Corporation Name
INSULTECH, INC.



Principal Place of Business: **P O BOX 3729 PLANT CITY FL 33564-0729**
Mailing Address: **P O BOX 3729 PLANT CITY FL 33564-0729**

3. Date Incorporated or Qualified: **03/29/1982**
3a. Date of Last Report: **06/06/1995**

21	2. Principal Place of Business P.O. Box 3749	22	Suite, Apt. #, etc.	26	2a. Mailing Address P.O. Box 3749	27	Suite, Apt. #, etc.	4.	FEI Number 59-2177397	Applied For	Not Applicable
23	City & State Plant City, FL	28	City & State Plant City, FL	29	Zip 33564-3749	30	County Hills	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fees Required
24	Zip 33564-3749	25	County Hills	29	Zip 33564-3749	30	County Hills	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent								8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

DEAMBROSE, SHERWOOD J.
4609 REECE RD
PLANT CITY FL 33567

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAMBROSE, SHERWOOD J.	1. 2 NAME	
STREET ADDRESS	2807 LAKEVIEW WAY	1. 3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1. 4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAMBROSE, SAMANTHA J	2. 2 NAME	
STREET ADDRESS	15431 PLANTATIONOAKS DR / STE - 12	2. 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2 NAME	
STREET ADDRESS		3. 3 STREET ADDRESS	
CITY-ST-ZIP		3. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY-ST-ZIP		4. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY-ST-ZIP		5. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY-ST-ZIP		6. 4 CITY-ST-ZIP	

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: **Samantha J. DeAmbrose** 2/29/96 (813) 754-1152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)