

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 845604 (8)
1. Corporation Name
POLYTEMP CORPORATION



Principal Place of Business: **300 HOSPITAL DRIVE SUITE 233 GLEN BURNIE MD 21061**
Mailing Address: **300 HOSPITAL DRIVE SUITE 233 GLEN BURNIE MD 21061**

3. Date Incorporated or Qualified: **03/27/1980**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **52-0983361**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
City & State, Zip, Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CANTOR, JERALD C
2435 HOLLYWOOD BLVD
HOLLYWOOD, FL
33020**

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 Mr. Tom Cole. (Note: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VOELKER, J. THOMAS	
STREET ADDRESS	300 HOSPITAL DRIVE, STE. 233	
CITY - ST - ZIP	GLEN BURNIE MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VOGT, AMBROSE J.	
STREET ADDRESS	300 HOSPITAL DRIVE, STE. 233	
CITY - ST - ZIP	GLEN BURNIE MD	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ALLEN, BERNADETTE	
STREET ADDRESS	300 HOSPITAL DRIVE, STE. 233	
CITY - ST - ZIP	GLEN BURNIE MD	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, 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 deleted with an address.

SIGNATURE: *J. Thomas Voelker*
J. Thomas Voelker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

410-768-4420

CR2E034 (12/95)